

P12000065289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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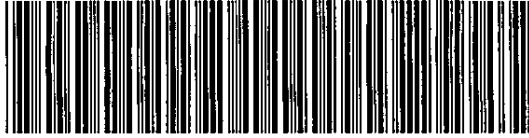
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DITU CUBA TRAVEL MULTISERVICES  
Name of Corporation

**DOCUMENT NUMBER:** P12000065289

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOLORIS GONZALEZ  
Name of Contact Person

DITU CUBA TRAVEL MULTISERVICES  
Firm/Company

591 E 46st  
Address

Hialeah FL 33013  
City/State and Zip Code

ditucuba@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOLORIS GONZALEZ at ( 786 ) 217-4195  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ditu Cuba Travel Multiservices
2. The principal office address: 591 E 46 st Hialeah FL 33013
3. The mailing address (if different): 4065 E 8 ave Hialeah FL 33013
4. Date of incorporation/qualification: 07/26/2012 Document number: P12000065289
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):


Manuel Zambrano  
4065 E 8 ave  
Hialeah FL 33013

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Dolores Gonzalez President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

10/13/2016  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*