

D07000000021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

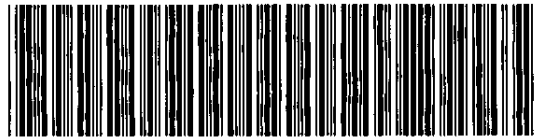
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15 SEP - 1 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 02 2015

D CONNELL

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

THE LATIN AMERICAN TRUST OF 2007

D07000000021

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Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	COA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/1/2015

ST

Order#:
9674224

Ref#: _____

Amount: \$ _____

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

THE LATIN AMERICAN TRUST OF 2007

D07000000021

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Thank you!

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<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input checked="" type="checkbox"/> Other
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/1/2015

ST

Order#:
9674224

Ref#: _____

Amount: \$ _____

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: THE LATIN AMERICAN TRUST OF 2007

Name of Corporation Trust

DOCUMENT NUMBER: D07000000021

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:

Gustavo Garcia-Montes

Name of Contact Person

Gustavo J. Garcia-Montes, P.A.

Firm/Company

2333 Brickell Ave., Suite A1

Address

Miami, FL 33129

City/State and Zip Code

ggm@agmlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____)

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~~ Trust**

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~~^{trust} 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~~^{trust}: THE LATIN AMERICAN TRUST OF 2007
2. The principal office address: 2333 BRICKELL AVE., STE. A-1, MIAMI, FL 33129
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/05/2007 Document number: D07000000021

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)

GUSTAVO J. GARCIA-MONTES, ESQ.

2333 BRICKELL AVE., STE. A-1

MIAMI, FL 33129

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

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

FILED
15 SEP - 1 AM 8:30
SECRETARY OF STATE
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.

Patricia Belanger
Signature of an officer or director

Patricia Belanger, Attorney In Fact
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.

Patricia Belanger
Signature of Registered Agent

09/01/2015
Date

If signing on behalf of an entity:

Patricia Belanger, Asst. Secretary

Typed or Printed Name

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