

FO7 000494874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

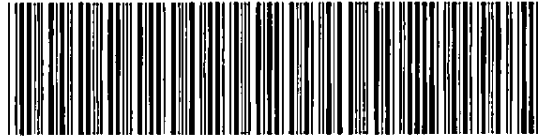
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2025 MAY 21 AM 8:20

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUMEN DEL, INC.
Name of Corporation

DOCUMENT NUMBER: F07000004874

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:

PATRICIA SANDRI
Name of Contact Person
LUMEN DEL, INC.
Firm/Company
57 WEST 57TH STREET 4TH FL
Address
NEW YORK, NY 10019
City/State and Zip Code

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

For further information concerning this matter, please call:

PATRICIA SANDRI at (646) 618 3397
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LUMEN DEL INC.
2. The principal office address: 57 WEST 57TH STREET 4TH FL
NEW YORK, NY 10019
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/1988 Document number: F07000004874
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)

INES BOMBON

15856 SW 79TH TERRACE

MIAMI, FL 33176-5347

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

MARIA C. FERRAZ

6315 SW 127TH CT

P.O. Box NOT acceptable

MIAMI, FL 33183-1322

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 Sandri

Signature of an officer or director

PATRICIA SANDRI-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.

Maria C. Ferraz

Signature of Registered Agent

May 12th, 2025

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

FILED
2025 MAY 21 AM 8:20
TALLAHASSEE, FL