

715000005354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

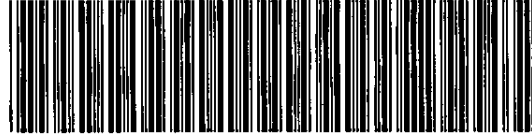
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
CLARK COUNTY, NEVADA

7/27/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Azteca Lawn Design Corp.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Camilo Rosales
Name of Contact Person

Azteca Lawn Design Corp.
Firm/Company

910 SW 3rd Ct.
Address

Delray Beach, FL 33444
City/State and Zip Code

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

For further information concerning this matter, please call:

Camilo Rosales at (561) 674-1423
Name of Contact Person Area Code & Daytime Telephone Number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2016

CAMILO ROSALES
910 SW 3RD CT
DELRAY BEACH, FL 33444

SUBJECT: AZTECA LAWN DESIGN CORP
Ref. Number: F15000005354

We have received your document for AZTECA LAWN DESIGN CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 716A00011143



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2ND

June 28, 2016

CAMILO ROSALES
910 SW 3RD CT
DELRAY BEACH, FL 33444

SUBJECT: AZTECA LAWN DESIGN CORP
Ref. Number: F15000005354

We have received your document for AZTECA LAWN DESIGN CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 716A00011143

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: Azteca Lawn Design, Corp.
2. The principal office address: 910 SW 3rd Ct.
Delray Beach, FL 33444
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/03/2015 Document number: FL6000006354

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)

Julian Rosales / Resigned
5855 Dewitt Place
Lake Worth, FL 33463

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TALLAHASSEE, FLORIDA

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

Camilo Rosales
910 SW 3rd Ct
P.O. Box NOT acceptable
Delray Beach, FL 33444

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.

Camilo Rosales
Signature of an officer or director

Camilo Rosales / Manager
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.

Camilo Rosales
Signature of Registered Agent

7/8/16
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