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Amend Affidavit to Ch8 0/D

FEB 27 2017
I ALBRITTON

COVER LETTER

are

Division of Corporations	
SUBJECT: 2017 M10	Name of Corporation
DOCUMENT NUMBER: F17	00000737
The enclosed Affidavit by Foreign Corporation submitted for filing.	on to Change/Add Officer(s) and/or Director(s) and fee
Please return all correspondence concerning the	his matter to the following:
Lisette M. Bland Name of Contact Person	20
Law Offices of L	isette M. Blanco, P.A.
7950 NW 1555+00	eet #101
Miany Lakes F/ City/State and Zip Code	33016
E-mail address: (to be used for future annual	gmail, CEM report notification)
For further information concerning this matter	
\$35.00 Filing Fee \$43.75 Filing Fee &	da Department of State for the following amount: \$\Begin{array}{c} \$43.75 \text{ Filing Fee} & \Box States of States o
Certificate of Status	Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee FL 32314	Clifton Building
Lallanassee El 47414	Job L Evacutiva f'anter f'irela

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

2. This entity was authorized to transact business in Florida on $\frac{2}{15/17}$ and its Florida document number is $\frac{F}{17000000737}$ 3. This corporation was formed under the laws of $\frac{1}{150000000000000000000000000000000000$	-
4. The name and address of each officer and/or director is as follows: Title: Name and Address Conrado Lopez 3493 NW 68 H Street Mianní FI 33147	ıt
Name and Address Conrado Lopez 3493 NW 68th Stree Mianni F1 33147	
Conrado Lopez 3493 NW 68th Stree Mianni (F/ 33/47	
	<i>f</i>
- <u>- 一 - 一 - 一 - 一 - 一 - 一 - 一 - 一 - 一 -</u>	· F
	17
(Attach additional pages if necessary)	
Signature of an officer or director Signature of an officer or director Title of person signing FILING FEE \$35 Make checks payable to Florida Department of State and Mail to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314	

CR2E127 (8/08)