

F19000 005 SH

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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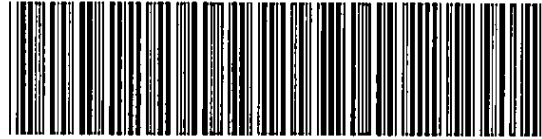
(Business Entity Name)

(Document Number)

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DEC 07 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUTISMO DEJANDO HUELLA A.C. INC
Name of Corporation

DOCUMENT NUMBER: F18000005864

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:

PETER S. PESSOA
Name of Contact Person

Firm/Company

700 CORAL WAY, APT 4
Address

CORAL GABLES, FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

PETER S. PESSOA at (305) 975-7049
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 VENEZUELA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AUTISMO DEJANDO HUELLA A.C. INC
2. The principal office address: 5 AVENIDA CRUCE CON 11 TRANSVERSAL, EDIFICIO
EDUPLIN, LOS PALOS GRANDES, CARACAS, ESTADO MIRANDA, 1060 VENEZUELA
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/06/2018 Document number: F18000005864

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)

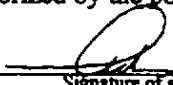
PETER S. PESSOA
709 ALEDO AVENUE
CORAL GABLES, FL 33134

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

PETER S. PESSOA
700 CORAL WAY, APT 4
P.O. Box NOT acceptable
CORAL GABLES, FL 33134

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

ANDREINA F FEO DE RIVAS, PRES.

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

11.05.2019

Date

ing on behalf of an entity:

PETER S. PESSOA

Typed or Printed Name

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