Prida-Department of State **Division of Corporations Electronic Filing Cover Sheet**

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	To:				
		Division of Co	rporations		
		Fax Number	: (850)617-6380		
	From:			2022	
		Account Name	: REGISTERED AGENTS INC.		
		Account Number	: 120090000081	DEC	
		Phone	: (307)200-2803		, . .
36		Fax Number	: (855)330-1010	ω	
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H.	*Enter the e	email address fo	r this business entity to be used for future	AN IO:	تر ا
	annual	report mailings.	Enter only one email address please.**	5	
2022 DEC 13	'Email A	ddress:			
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20				-	

REGISTERED AGENT CHANGE EL BRONCE ENTERPRISES REAL ESTATE, INC.

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	timated Charge \$35.00	02]
Estimated Charge \$35.00		\$35.00	
Estimated Charge			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: EL BRONCE ENTERPRISES REAL ESTATE, INC.

2. The principal office address:___

3. The mailing address (if different):	P.O BOX 227506 DORAL FL 33222	
$\mathcal{D}_{\mathcal{A}}$ including address in unicicity.		

4. Date of incorporation/qualification: 11/07/22 Document number: F22000007292

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)

BARQUIN, CARLOS

275 NW 42ND STREET

MIAMI, FL 33127

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

> Northwest Registered Agent LLC 7901 4th St N STE 300 P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered in 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.

Herepeley Signature of an officer of director Carlos Barquin - Secretary Director

AH IO:

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. Thereby confirm that the corporation has been notified in writing of this change.

(Ilove.

Signature of Registered Agent

If signing on behalf of an entity:

Tom Glover

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)

12/13/2022

Date