

F46764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

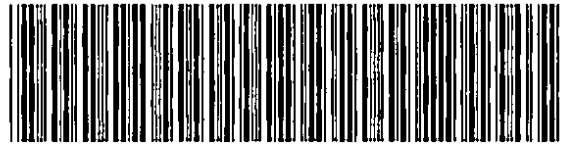
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*RA Change*

FEB 19 2021

D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: RIVER PLATE PROPERTIES, INC.  
Name of Corporation

DOCUMENT NUMBER: F46764

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:

Nestor Caballero, CPA

Name of Contact Person

Caballero, Ficman, Llerena & Garcia, LLP

Firm/Company

8950 S.W. 74th Court, Suite 1120

Address

Miami, FL 33156

City/State and Zip Code

VEROSAMILIAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nestor Caballero, CPA

Name of Contact Person

at 305

662-7272

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

21 FEB 16 PM 12:43

SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2021

NESTOR CABALLERO, CPA  
CABALLERO, FIERMAN, LLERENA & GARCIA LLP  
8985 SW 74TH COURT, SUITE 1120  
MIAMI, FL 33156

SUBJECT: RIVER PLATE PROPERTIES, INC.  
Ref. Number: F46764

We have received your document for RIVER PLATE PROPERTIES, INC. 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 document is illegible and not acceptable for imaging.

The Document must be a full page and legible. So can I suggest that you redo the application.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 021A00001805

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

1. The name of the corporation: RIVER PLATE PROPERTIES, INC.  
2. The principal office address: 680 TENNIS CLUB DR., 312, FORT LAUDERDALE, FL 33311  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 9/30/1981 Document number: F46764

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)

NESTER CABALLERO

4649 PONCE DE LEON BLVD., SUITE 404

CORAL GABLES, FL 33146

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

MARIA VERONICA SAMILIAN

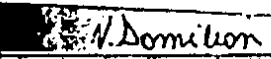
680 TENNIS CLUB DR., #312

P.O. Box NOT acceptable

FORT LAUDERDALE FL 33311

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

MARIA VERONIA SAMILIAN

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

11/24/2020

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)

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