

H21619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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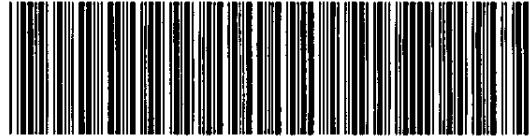
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 05 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2016

ALFREDO DELFINO  
3018 NW 79 AVE  
DORAL, FL 33122

SUBJECT: RONMUR, INC.  
Ref. Number: H21619

We have received your document for RONMUR, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 716A00003894

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ronmur, Inc  
Name of Corporation

**DOCUMENT NUMBER:** H21619

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:

Alfredo Delfino

Name of Contact Person

Firm/Company

3018 NW 79 Ave

Address

Doral, FL 33122

City/State and Zip Code

accountant@ronmur.com

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

For further information concerning this matter, please call:

William Reyes

Name of Contact Person

at ( 305 ) 477-2723

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

1. The name of the corporation: Ronmur, Inc
2. The principal office address: 3018 NW 79 Ave, Doral, FL 33122
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/18/1984 Document number: H21619
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)

Thomas Ventura

3018 NW 79 Ave

Doral FL, 33122

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

Judith Rubiera

3018 NW 79 AVE

P.O. Box NOT acceptable

DORAL, FL 33122

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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]  
Signature of an officer or director

Alfredo Delfino, President  
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.*

Judith Rubiera  
Signature of Registered Agent

1.6.2016  
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