

K24 569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

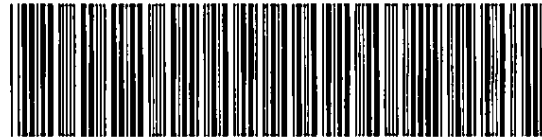
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6342

Office Use Only



300341219933

05/12/20--01010--026 \*\*10.00

03/17/20--01013--017 \*\*25.00

2020 MAR 21 AM 7:31

R. WHITE

MAR 10 2020



2020 MAY -1 AM 8:08

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2020

MANUEL RIVERO  
1313 PONCE DE LEON BLVD STE 201  
CORAL GABLES, FL 33134

SUBJECT: OLIMAR SAND & GRAVEL, INC.  
Ref. Number: K24569

We have received your document for OLIMAR SAND & GRAVEL, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 920A00007119

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OLIMAR SAND & GRAVEL, INC.  
Name of Corporation

**DOCUMENT NUMBER:** K24569

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:

MANUEL RIVERO

Name of Contact Person

ML RIVERO @ ASSOCIATES, LLC

Firm/Company

1313 PONCE DE LEON BLVD. SUITE 201

Address

CORAL GABLES, FL 33134

City/State and Zip Code

mrivero@mlrivero.com

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

For further information concerning this matter, please call:

MANUEL RIVERO

Name of Contact Person

at ( 305 ) 443-8500

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

**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: OLIMAR SAND & GRAVE, INC.
2. The principal office address: 1313 PONCE DE LEON BLVD. SUITE 201 - CORAL GABLES, FL 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/20/1988 Document number: K24569
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)

OLIVA-PADRON SYLVIA

1313 PONCE DE LEON BLVD. SUITE 201

CORAL GABLES, FL 33134

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

ML RIVERO & ASSOCIATES, LLC

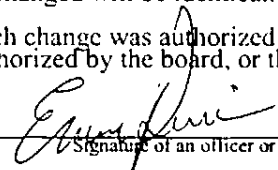
1313 PONCE DE LEON BLVD. SUITE 201

P.O. Box NOT acceptable

CORAL GABLES, FL 33134

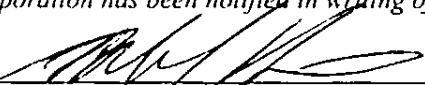
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ENEIDA RIVERO  
\_\_\_\_\_  
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

04/24/20

\_\_\_\_\_  
Date

If signing on behalf of an entity:

MANUEL RIVERO  
\_\_\_\_\_  
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)

2020 APR 24 7:31