## 117000106535

(Re	questor's Name)					
(Aď	dress)					
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(Cit	y/State/Zip/Phone	e #)				
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Letter Number: 517A00017027

August 18, 2017

CORDOVA SPECIAL PALLETS CORPORATION, LLC NELSON CORDOVA VALDES 2280 WEST 8 CT HIALEAH, FL 33010

SUBJECT: CORDOVA SPECIAL PALLETS CORPORATION, LLC

Ref. Number: L17000106535

We have received your document for CORDOVA SPECIAL PALLETS CORPORATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

	Registration Section Division of Corporations					
SUBJE	CT: CORDOVA SPECIAL PALLETS (	CORPOR	ATION, LLC			
Name of Limited Liability Company						
Dear Sir	or Madam:					
The enc	losed Registered Agent/Registered Office Cha	ange and fe	e(s) are submitted for filing.			
Please re	eturn all correspondence concerning this matte	er to the fo	lowing:			
NELS	ON CORDOVA VALDES					
	Name of Person					
CORD	OVA SPECIAL PALLETS CORPORA	TION, LL				
	Firm/Company					
	2280 WEST 8 CT					
-	Address					
	HIALEAH FL. 33010					
	City/State and Zip Code					
	cordovalopez2001@gmail.com					
E-	mail address: (to be used for future annual rep	ort notifica	tion)			
For furth	her information concerning this matter, please	call:				
NELS	ON CORDOVA VALDES	305	988-2769			
	Name of Person	:	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Dîvis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314			
	Enclosed is a check for the following amoun	nt:				
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18	(2/14)					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: CORDOVA SE	PECIA	L PALLE	TS CORPO	RATIO	N, LLC	;
2. (a)	1655 W 44 PL APT 221 HIALEAH FL 33012		1655 W	/ 44 PL APT	221 H	IALEA	H FL 330
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		- -					
	05/12/2017		L170001	06535			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		· · · · · · · · · · · · · · · · · · ·
5. (a)	NELSON CORDOVA VALDES						
- (-)	Registered Agent and Registered Office shown on the records of th	ne Florida	a Dept. of Stat	te:			
	1655 W 44 PL APT 221 HIALEAH FL 33012						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>.                                    </u>	-			
	1655 W 44 PL APT 221				~		
	HIALEAHFL	33012		_		1300 AI	
(b)	2280 WEST 8 CT HIALEAH FL. 33010					1 :2	
• ,	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:	_	<del> '</del>	700	• *
	NELSON CORDOVA VALDES				<del></del> - <del></del>	6 年間間	•
	NEW Registered Office Address:	_	<del>-</del>	_	•	9	
	2280 WEST 8 CT			_			
	HIALEAH FL.	33010		_			
the cha agent v was/wo	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and aftermative vote of the members of cles of organization or the operating agreement of the li	he regis bility co the lim	stered offic- ompany, it i iited liabilit	e and the busing the hereby confi to company or	ness officiency	ce of the	e registered
ζ.	Nol	NE	LSON CO	ORDOVA VA	ALDES		
	ture of a member or authorized representative of a member	-		Printed or typed		~	·
I herei provisi the obli to mere notified	by accept the appointment as registered agent and agre- ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have I in writing of this change.	e to act perform for in C erehy co	in this cap ance of my Thapter 60; Onfirm that	acity, I furthe duties, and I a 5, F.S. Or, if to the limited lia	er agree i m famili his docu ihility co	to comp ar with ment is mpany)	ly with the and accept being filed has been
Sign <b>au</b> n	re of Registered Agent						