

L19 000 129 449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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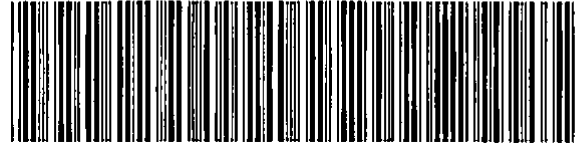
(Business Entity Name)

(Document Number)

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SEP 16 2019  
S. YOUNG

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19 SEP 16 10:13  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MATCH TOUR LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS MIGUEL QUINONEZ

Name of Person

MANAGER

Firm/Company

10850 NW 21 ST STREET STE 130

Address

DORAL FL 33172

City/State and Zip Code

info.matchtour@gmail.com

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

For further information concerning this matter, please call:

RAQUEL CESPEDES

305

3034538

at ( )

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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. Name of the limited liability company: MATCH TOUR LLC
2. (a) 10850 NW 21ST STREET SUITE 130  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
DORAL FL 33172
- (b) 10850 NW 21ST STREET SUITE 130  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
DORAL FL 33172
3. 05/13/2019  
Date of filing/registration in Florida
4. L19000129449  
Document number
5. (a) CARLOS MIGUEL QUINONEZ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CARLOS MIGUEL QUINONEZ  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3480 NW 85TH CT APT 415  
DORAL, FL 33122
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
ANAEL ALONSO FUENTES  
NEW Registered Office Address:  
3815 SW 87TH PL  
MIAMI, FL 33165

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carla Quinonez Signature of a member or authorized representative of a member  
CARLOS MIGUEL QUINONEZ Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

ANAEL ALONSO FUENTES Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00