## 191939

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	<u> </u>
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



000303301380

09/25/17--01022--014 \*\*35.00

S TALLENT SEP 2 6 2017

KHVCH

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: GEM PAVER SYTEMS, INC

DOCUMENT NUMBER: L91939

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:

Tara Fernandez

Name of Contact Person

Gem Paver Systems, Inc

Firm/Company

9845 NW 118th Way

Medley, FL 33178

City/State and Zip Code

tarapfernandez@aol.com

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

For further information concerning this matter, please call:

Tara Fernandez

Name of Contact Person

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this pange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of	the corporation: Gem Paver Systems, Inc	
2. The principal	office address: 9845 NW 118th Way FL 33178	
3. The mailing a	address (if different): same as above	
4. Date of incor	rporation/qualification: 08/03/1990 Document number: L91939	
5. The name and	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Fernandez, Jorge	
	9845NW 118th Way	
	Medley, FL 33178	77
6. The name and (if changed):	mid street address of the new registered agent (if changed) and /or registered office $\frac{1}{2}$	ILED
	Miguel Hernandez, CPA	
	8500 West Flagler St Suite B-208	
	PO Box NOF acceptable  Miami, FL 33144	
The street addr	ress of its registered office and the street address of the business office of its registered as If be identical.	gent,
Such change wauthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signati	Jorge Fernandez, Director  Printed or typed name and title	
I further agrée performance of agent. Or, if th	of the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I muther the comporation has been notified in writing of this change.	1
	9/11/17	
	Date Date	
If signing on bo	schalf of an entity:	
Miguel Her	<del></del>	
1	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*