

M49161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

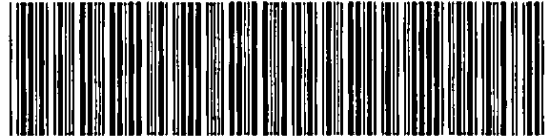
(Business Entity Name)

(Document Number)

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2018 MAY 25 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C GOLDEN

MAY 29 2018

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW YORK CASH MART II, INC
(Name of Corporation)

DOCUMENT NUMBER: M49161

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENE GARCIA

(Name of Person)

NEW YORK CASH MART II, INC

(Name of Firm/Company)

1211 W 44TH PL

(Address)

HIALEAH, FLORIDA 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

RENE GARCIA at **786 512-9218**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
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: NEW YORK CASH MART II, INC
2. The principal office address: 1211 W 44 PLACE, HIALEAH, FL 33012

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/26/87 Document number: M49161

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)

Resigned

HERNANDEZ, JACQUELINE
2501 SW 79TH AVENUE
MIAMI, FL 33155

2018 MAY 25 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Alfred F. Andrea, P.A.

7000 SW 97 AVENUE, 201

P.O. Box NOT acceptable

MIAMI, FLORIDA 33173

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

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

Date

If signing on behalf of an entity:

Alfred F. Andrea, P.A.

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 (03/12)