

M50790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

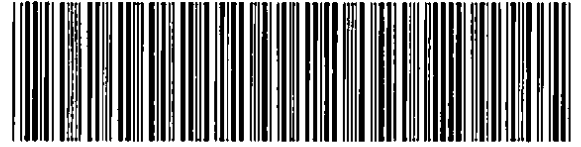
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2023 MAY 31 A.  
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FILED



**CRISTINA M. HENRY**

**Attorney at Law**  
2840 SW Third Avenue  
Miami, FL 33129  
Member: Florida Bar

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Fax (305) 617-0187

[cristinahenrylaw@gmail.com](mailto:cristinahenrylaw@gmail.com)

May 22, 2023

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

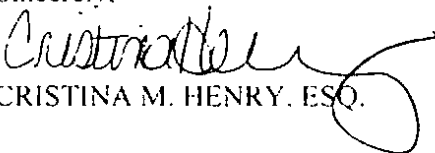
Re: Casa Paco Inc.

Dear Sir or Madam:

Enclosed please find Articles of Amendment along with documents required to change the registered agent and three resignations with the appropriate fees for Casa Paco Inc.

Should you require additional information, please contact this office as I represent the registered agent and am working with their CPA, Felix C. Garcia.

Sincerely,

  
CRISTINA M. HENRY, ESQ.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Casa Paco Inc.  
Name of Corporation

**DOCUMENT NUMBER:** M50790

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:

Felix C. Garcia

Name of Contact Person

Garcia Accounting and Tax Services

Firm/Company

10750 SW 24 Street

Address

Miami, FL 33165

City/State and Zip Code

fgarciataxes1@bellsouth.net

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

For further information concerning this matter, please call:

Felix Garcia

Name of Contact Person

at (305) 551-4959

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: Casa Paco Inc.  
2. The principal office address: 5445 SW 112 Avenue, Miami, FL 33165

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/22/87 Document number: M50790

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)

Candida Fernandez, resigned

4300 SW 84 Avenue

Miami, FL 33125

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

Jose Ramon Alvarez

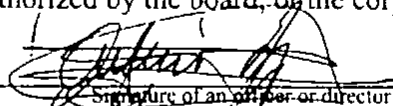
5445 SW 112 Avenue

P.O. Box NOT acceptable

Miami, FL 33165

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

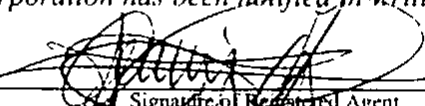
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Jose Ramon Alvarez

\_\_\_\_\_  
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

4/27/23  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jose Ramon Alvarez  
\_\_\_\_\_  
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)