

N04 000008897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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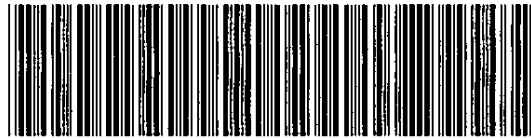
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2009

MARTA FONTELA
ASOCIACION OLOMIDARA
1975 W. 54TH STREET, APT.B003
HIALEAH, FL 33012

SUBJECT: ASOCIACION OLOMIDARA, INC
Ref. Number: N04000008897

We have received your document for ASOCIACION OLOMIDARA, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

ON THE FORM, #5 must be completed with the current information as it exists on our website before your change. In #5 please put the new information, name or address or both.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 809A00024505

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASOCIACION OLOMIDARA, inc
Name of Corporation

DOCUMENT NUMBER: NO 40000008897

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:

MARTA FONTELA
Name of Contact Person

ASOCIACION OLOMIDARG
Firm/Company

1975 W 54 ST apt B003
Address

HIKKAH FL 33012
City/State and Zip Code

MARTA FONTELA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTA FONTELA at (786) 291-7454
Name of Contact Person 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
Clifton Building
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASOCIACION OLIMPIARCA, Inc.
2. The principal office address: 7431 SW 105 PL.
MIAMI FL 33173
3. The mailing address (if different): 1975 W 54 ST
HALEAH, FL 33012
4. Date of incorporation/qualification: _____ Document number: N04000008897
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)

MARTA FONTELA
7431 SW 105 PL
MIAMI, FL 33173

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

MARTA FONTELA
1975 W 54 ST, Apt B003
HALEAH, FL 33012

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
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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.

Marta Fontela
Signature of Registered Agent

July 4 2009
Date

If signing on behalf of an entity:

MARTA FONTELA
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