

N12000000282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

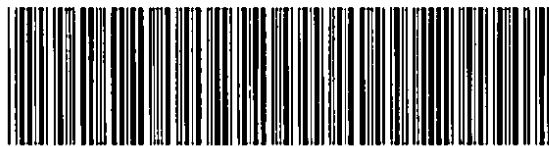
(Document Number)

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2019 MAR 25 PM 4:55  
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MAR 25 2019  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Eastward Riders INC.  
Name of Corporation

DOCUMENT NUMBER: N12000000282

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:

Walker Izquierdo  
Name of Contact Person

Eastward Riders Inc.  
Firm/Company

15642 S.W. 142 Court  
Address

Miami, FL 33177  
City/State and Zip Code

Eastwardriders@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walker Izquierdo at (305) 775-5089  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2019

WALKER IZQUIERDO  
EASTWARD RIDERS INC  
15642 S.W. 142 COURT  
MIAMI, FL 33177

SUBJECT: EASTWARD RIDERS, INC.  
Ref. Number: N12000000282

We have received your document for EASTWARD RIDERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You failed to list the date of incorporation and document number in the spaces provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 819A00001466

RECEIVED  
2019 MAR 25 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Eastward Riders Inc.
2. The principal office address: 15042 S.W. 142nd Court, Miami, FL 33177
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/9/2012 Document number: N12000000288
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)

Thompson, Sean D  
18495 South Dixie Highway  
304 Cutler Bay, FL 33157 resigned

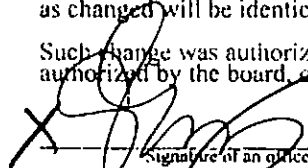
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Walker Izaguirre  
2241 portofino Av Homestead  
FL 33033

P.O. Box NOT acceptable

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

Sean Thompson  
\_\_\_\_\_  
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

3/22/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

2019 MAR 25 PM 4:55  
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