

NI3000000570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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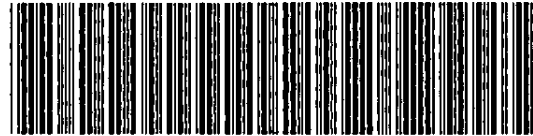
(Business Entity Name)

(Document Number)

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2013 MAY 15 PM 12:39
SEAL OF STATE
TALLAHASSEE, FLORIDA

DR
5/17/13

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2013

Jorge Suarez
KOLA IFA INC
14481 SW 32 St.
Miami, FL 33175

SUBJECT: KOLA IFA INC
Ref. Number: N13000000570

We have received your document for KOLA IFA 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):

Please sign the form as the new registered agent in the space provided at the bottom of the page.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 313A00011712

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **KOLA IFA INC**

Name of Corporation

DOCUMENT NUMBER: **N13000000570**

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:

JORGE SUAREZ

Name of Contact Person

KOLA IFA INC

Firm/Company

14481 SW 32 ST

Address

MIAMI, FL 33175

City/State and Zip Code

chinopaellas@gmail.com

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

For further information concerning this matter, please call:

JORGE SUAREZ

Name of Contact Person

at **786 301-1557**

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

RECEIVED
13 MAY 15 AM 9:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: KOLA IFA INC
2. The principal office address: 14481 SW 32 ST MIAMI, FL 33175
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/17/2013 Document number: N13000000570

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)

GISELA HIDALGO (RESIGNED)

14064 SW 104 CT

MIAMI, FL 33176

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

JORGE SUAREZ

14481 SW 32 ST MIAMI, FL 33175

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

MANUEL ERICE

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

04/26/2013

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)