

N13000003311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

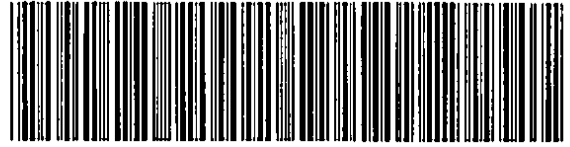
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Employment Network of SW FL, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N13000003311

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:

Ibel T. Pinera

Name of Contact Person

Employment Network of SW, FL.

Firm/Company

15275 Collier Blvd. Ste. 201-2035

Address

Naples, FL 34119

City/State and Zip Code

enswflcontact@gmail.com

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

For further information concerning this matter, please call:

Ibel T. Pinera

Name of Contact Person

at ( 954 ) 790-4399

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: Employment Network of SW FL, Inc.
2. The principal office address: 15275 Collier Blvd. Ste. 201-2035  
Naples, FL 34119
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 04/08/2013 Document number: N13000003311
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)

Ibel T. Pinera

8200 NW 41st St. Suite 200

Doral, FL 33166

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

Ibel T. Pinera (registered agent name stays the same)

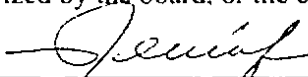
15275 Collier Blvd. Ste. 201-2035

P.O. Box NOT acceptable

Naples, FL 34119

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

Ibel T. Pinera, President

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

09/03/2021

Date

If signing on behalf of an entity:

Ibel T. Pinera

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)

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SECTION OF STATE  
TALLAHASSEE, FL