

N21 000012638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Salvavidas Financiero INC.
Name of Corporation

DOCUMENT NUMBER: N21000012638

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:

CRISTINA ORTIZ

Name of Contact Person

Salvavidas Financiero INC.

Firm/Company

8950 SW 74 CT #2201

Address

MIAMI FL 33156.

City/State and Zip Code

CRISTINA @cmolawpa.com.

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

For further information concerning this matter, please call:

CRISTINA ORTIZ. at (305) 702-8965.
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**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: SALVANDAS FINANCIERO INC.
2. The principal office address: 8950 SW 74 CT #2201
MIAMI FL 33156.
3. The mailing address (if different): FO
4. Date of incorporation/qualification: 10/27/21 Document number: N21000012638
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)
EPGD LAW PA.
777 SW 37 AVE #510
MIAMI FL 33135.

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

CRISTINA ORTIZ ESQ
8950 SW 74 CT #2201
MIAMI FL 33156.

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

CRISTINA ORTIZ.
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

6/24/20.
Date

If signing on behalf of an entity:

CRISTINA ORTIZ.
Typed or Printed Name

*** FILING FEE: \$35.00 ***