

P00000004232

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TO: Amendment Section
Division of Corporations

SUBJECT: GUSTAVO A. CISNEROS INSURANCE AGENCY, INC
(Name of corporation)

DOCUMENT NUMBER: P00000004232

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:

GUSTAVO A. CISNEROS
(Name of contact person)

GUSTAVO A. CISNEROS INSURANCE AGENCY INC
(Firm/Company)

11540 S.W. 72TH ST.
(Address)

MIAMI FL 33173
(City/state and zip code)

For further information concerning this matter, please call:

GUSTAVO A. CISNEROS at (305) 5955668
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 18, 2004

GUSTAVO A. CISNEROS INSURANCE AGENCY, INC.
11540 SW 72 ST
MIAMI, FL 33173

SUBJECT: GUSTAVO A. CISNEROS INSURANCE AGENCY, INC.
Ref. Number: P00000004232

We have received your document for GUSTAVO A. CISNEROS INSURANCE AGENCY, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Please complete the enclosed form to change the registered agent name and address. This is not the correct form you have.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 104A00050929

**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: GUSTAVO A. CISNEROS INSURANCE Agency,
2. The principal office address: 11540 S.W. 72ND ST.
MIAMI FL 33173
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 1-10-2000 Document number: P00000004232

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GUSTAVO A. CISNEROS
6965 S.W. 117TH AVE
MIAMI FL 33183

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

GUSTAVO A. CISNEROS
11540 S.W. 72ND ST.
(P.O. Box NOT acceptable)
MIAMI FL 33173

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TALLAHASSEE, FLORIDA

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.

Gustavo A. Cisneros
(Signature of an officer or director)

GUSTAVO A. CISNEROS
(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.

Gustavo A. Cisneros
(Signature of Registered Agent)

8/23/04
(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