P00000084204

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COVER LETTER

TO: Amendment Section Division of Corporations

_{subject:}Triana Management, Inc

Name of Corporation

DOCUMENT NUMBER: P0000084204

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:

Maria T Triana

Name of Contact Person

Triana Management, Inc.

Firm/Company

5825 Sunset Drive, Suite #304

Address

South Miami, Florida 33143

City/State and Zip Code

terytriana@gmail.com

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

For further information concerning this matter, please call:

Maria T Triana

,305

799-0814

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Triana Management, Inc.
2. The principal	office address: 10420 SW 77 Avenue, Suite #100
Pinecrest,	Florida 33156
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 09/06/2000 Document number: P00000084204
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Maria T Triana
	12535 SW 84 Avenue Road
	Miami, Florida 33156
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Antonio Zamora, CPA
	5825 Sunset Drive, Suite #304
	P.O. Box NOT acceptable
	South Miami, Florida 33143
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so to board for the corporation has been notified in writing of the change.
× Signatur	100 Huller - 9/7/12 Marcia T-Triana Printed or typed name and title
I hereby accept I further agree t performance of agent. Or if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. 9/7/2012
Sign	nature of Registered Agent Date
If signing on bel	half of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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