

PO1000021251

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA  
12 JUL 30 AM 10:03

7/31/12 RW  
R/ACM

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Amigo Financial Group, Inc  
Name of Corporation

P01000021251  
**DOCUMENT NUMBER:**

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:

Carlos Duran  
Name of Contact Person  
AMIGO FINANCIAL GROUP, INC  
Firm/Company  
353 3rd Ave, #250  
Address  
New York, NY 10010  
City/State and Zip Code  
durancousa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Duran 305 818-6676  
Name of Contact Person at ( ) 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**

*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: Amigo Financial group, Inc  
2. The principal office address: 16118 SW 28th Ct, Miramar, FL 33027

3. The mailing address (if different): 353 3rd Ave, #250, New York, NY 10010

4. Date of incorporation/qualification: 02-27-2001 Document number: P01000021251

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)

CARLOS MANUEL DURAN

16118 SW 28TH CT

MIRAMAR, FL 33027

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

CARLOS MANUEL DURAN

17660 NW 73 AVE, #100

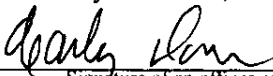
MIAMI, FL 33015

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA  
12 JUL 30 AM 10:03

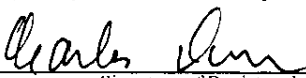
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Carlos Duran PD  
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

7/26/12  
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)