

PD1000045470

(Requestor's Name)

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(City/State/Zip/Phone #)

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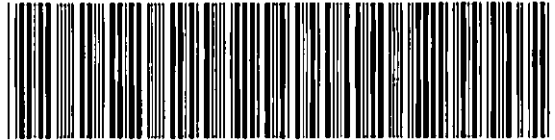
(Business Entity Name)

(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 11/27/17**

**NAME: LUZ VERDE INC**

**TYPE OF FILING: CHANGE OF AGENT**

**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LUZ VERDE, INC.
2. The principal office address: 200 SE 1ST STREET, SUITE 640, MIAMI, FL 33131
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/07/2001 Document number: P01000045470
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)

PRIME KEYS SOLUTIONS LLC

1541 BRICKELL AVE., SUITE 1806

MIAMI, FL 33129

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

Florida Filing & Search Services, Inc.

155 Office Plaza Drive, Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

X Maria Lucia Franco  
Signature of an officer or director

Maria Lucia Franco  
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.*

Abbie Hanks  
Signature of Registered Agent

11/27/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314.  
CR2ED45 (03/12)

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