

P01000051466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

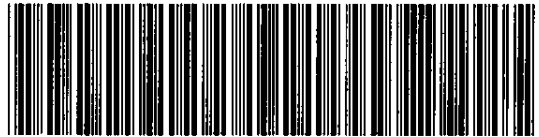
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000163390610

12/14/09--01051--020 **35.00

FILED
09 DEC 14 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012/12/14/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: La Bone Aventure, Inc

(Name of Corporation)

DOCUMENT NUMBER: P01000051466

~~The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.~~

Please return all correspondence concerning this matter to the following:

Jennifer Uzcategui

(Name of Person)

La Bone Aventure, inc

(Name of Firm/Company)

8739 Stirling Rd

(Address)

Cooper City, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Uzcategui

(Name of Person)

at (954) 680-0668

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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: La Bone Aventure, inc
2. The principal office address: 8739 Stirling Rd Cooper City, FL 33328
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/23.2001 Document number: P01000051466
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)

Cristobal Paul

1851 SW 136th Ave

Davie, FL 33325

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

Jennifer Uzcategui

8739 Stirling Rd

P.O. Box NOT acceptable

Cooper city, fl 33328

FILED
09 DEC 14 PM 3:07
SECRETARY OF STATE
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.

x Jennifer Uzcategui
Signature of an officer or director

JENNIFER UZATEGUI - President
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.

x Jennifer Uzcategui
Signature of Registered Agent

11/9/09

Date

If signing on behalf of an entity:

Typed or Printed Name

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