

# PD1000055851

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(Requestor's Name)

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

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

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(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

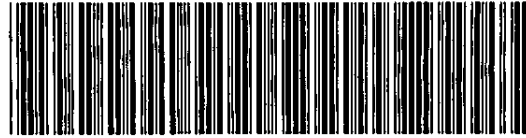
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DIVISION OF CORPORATIONS  
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12-17-14

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Alien Labor Certification Consultant Co., Inc  
Name of Corporation

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:

Raul Sebazco Jr.

Name of Contact Person

Alien Labor Certification Consultant Co., Inc

Firm/Company

1470 N.W. 107 Ave Suite L.

Address

MIAMI, FL 33172

City/State and Zip Code

info@certificationlaboralusa.com

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

For further information concerning this matter, please call:

Raul Sebazco Jr.

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: Alien Labor certification consultant co., inc  
2. The principal office address: 1470 NW 107 ave Suite L.  
Miami, FL 33172  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/06/01 Document number: ELN: 593727420  
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) Raul G. Sebazco P0100005585

1470 NW 107 ave  
Suite L.  
Miami, FL 33172

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

Raul Sebazco Jr.  
1470 NW 107 ave Suite L  
Miami, FL 33172

P.O. Box NOT acceptable

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.

Raul Sebazco Jr.  
Signature of an officer or director

Raul G. Sebazco  
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.

Raul Sebazco Jr.  
Signature of Registered Agent

12/5/2014  
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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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