## P0200036924

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

V CO LIN DELL'EST
TO: Amendment Section Division of Corporations
SUBJECT: USA CORP.  Name of Corporation
DOCUMENT NUMBER: 10200036724
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:
JUAN C. NOVO  Name of Contact Person
Name of Contact Person
Firm/Company
6180 NW 84 AVE,
Address
MIHMI FL 33166  City/State and Zip Code
1 1
DURA @ associatostile. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUAN C. NOVO at 305, 2187362
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

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 <u>4.02.004</u> in order to change its registered office or registered agent, or both, in the State of Florida.	<u> </u>
1. The name of the corporation:	
2. The principal office address: 13510 NEW 187 AVE	
1. The name of the corporation:  2. The principal office address:  13510 NEW 107 AVE.  HIMEAH GARDENS, FL 33018	<i>-</i>
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/04/02 Document number: 1020003	<u> 6924</u>
5. The name and street address of the current registered agent and registered office on file with the	<u></u>
Florida Department of State: (If resigned, enter resigned)	<u> </u>
JUAN C. NOVO	ii m
JUAN C. NOVO 2871 SW 14-3 PLACE- MIANY FZ 33175	(A)
Midny Fr 22175	35
6. The name and street address of the new registered agent (if changed) and /or registered office	(::
(if changed):	
DETITION STREET	
DOMINGO JIMENEZ  13510 NON 107 AVE.  P.O BOX NOT acceptable  HMESH GARDENS, TL 33018	
P.O. Box NOT acceptable  14.21 F-211 6.4-7.2-15 F1 3.2018	
11/1/1 WHAT ON TODENDS /12 SOURS	
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the change.	
Signature of an officer or director Printed or typed name and title	_
I beroly accent 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 together is being filed merely to reflect a change in the registered office address. I	
agent. Or, if this to diment is being filed merely to reflect a change in the registered office address. I hereby confirm that fige corporation has been notified in writing of this change.	
03/20/17	
Signature of Registered Agent Date	_
If signing on behalf of an entity:	
Typer 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)