

FD2000050092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Constoa, Inc
Name of Corporation

DOCUMENT NUMBER: DP2000050092

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:

Oswaldo P. Carriazo
Name of Contact Person

Constoa, Inc
Firm/Company

13431 SW 28th Street
Address

Miami, FL 33175
City/State and Zip Code

constoa-inc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo P. Carriazo at (305) 226-7399 305 380-2783
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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Arlene Carriazo, hereby resign as Secretary/Treasurer
(Title)

of Constoa, Inc.
(Name of Corporation)

DP2000050092 a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Arlene Carriazo
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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