

P020000062104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

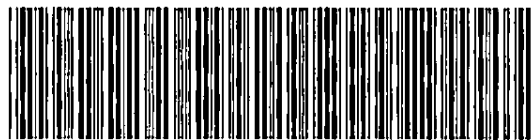
(Business Entity Name)

(Document Number)

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2019 MAY 31 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 10 2019  
C Kinsey

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alaska Auto Air, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P02000062104

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:

Gustavo Villamizar

Name of Contact Person

Alaska Auto Air, Inc.

Firm/Company

9821 NW 80TH AVE SUITE 5-A

Address

HIALEAH GARDENS, FL 33016

City/State and Zip Code

alaskaflorida@hotmail.com

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

For further information concerning this matter, please call:

Gustavo Villamizar

Name of Contact Person

at ( 305 ) 8191085

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: Alaska Auto Air, Inc.
2. The principal office address: 9821 NW 80TH AVE SUITE 5-A  
HIALEAH GARDENS, FL 33016
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/05/2002 Document number: P02000062104

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)

GBS CONSULTANTS

1290 WESTON ROAD SUITE 306

WESTON, FL 33326

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

Gustavo Villamizar

9821 NW 80TH AVE SUITE 5-A

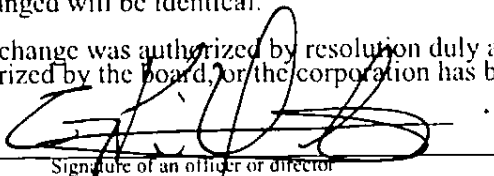
P.O. Box NOT acceptable

HIALEAH GARDENS, FL 33016

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**TALLAHASSEE, FL**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

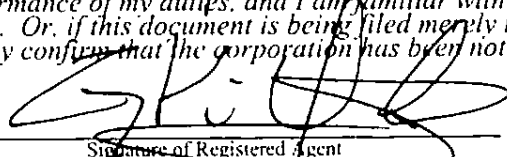
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Gustavo Villamizar

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

05/24/2019

Date

If signing on behalf of an entity:

Gustavo Villamizar

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