Po 300045606

(Requestor's Name)	•
(Address)	•
(Address)	•
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
(Business Entity Name)	ı
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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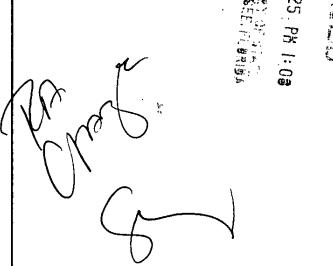
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COVER LETTER

TO: An Div	nendment Section vision of Corporations						
SUBJECT	: FESTRA COF	RPORATION Corporation					
DOCUME	NT NUMBER: PO	3000015606					
The enclose	ed Statement of Change of Registered Off	ice/Agent and fee are submitted	for filing.				
Please retur	rn all correspondence concerning this matt	er to the following:					
	EMIL	FEGHALI					
	Name of C	ontact Person					
	FESTRA C	ORPORATION					
	Firm/0	Company					
9078 PRESTON PLACE							
	Ac	dress					
	TAMARA City/State	C, FL 33321 and Zip Code					
	festracorp@gmail.com						
	E-mail address: (to be used for	future annual report notifica	tion)				
For further	information concerning this matter, please	e call:					
	EMIL FEGHALI	at (754)	245 2990				
	Name of Contact Person	Area Code & Daytime	Telephone Number				
Enclosed is	s a \$35.00 check made payable to the Depa	artment of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpor Clifton Building 2661 Executive Corporation Tallahassee, FL 3	enter Circle				

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organized	507.1508, or 617.1508, Flori d under the laws of the State d agent, or both, in the State (of FLO	RIDA		
	he corporation: FEST						
2. The principal	office address: 10432	SW 143 CT. MI	AMI, FL 33321	· · · · · · · · · · · · · · · · · · ·			
3. The mailing a	ddress (if different): 90	78 PRESTON P	LACE, TAMARAC, FL	33321			
4. Date of incorp	ooration/qualification:	02/10/2003	Document number:	PO30	00015	5606	
	street address of the cur tment of State: (If resign		t and registered office on file	with the	:		
	ARBELAEZ, JOHN	N JAIRO					
	9078 PRESTON P	PLACE					
	TAMARAC, FL 33	321					
6. The name and street address of the ne (if changed):		w registered agent (i	f changed) and /or registered	office	WICE THE	2011 OCT 25	* · · · · · · · · · · · · · · · · · · ·
	JORGE IVAN EST	RADA				25	•
	9078 PRESTON P	LACE	ceptable			P	j (
	TAMARAC, FL 333		ceptable	<u> </u>		-: 0a	£20-11
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business office	of its reg	gistered	agent,	
			y its board of directors or by ed in writing of the change				
Signatu	re of an officer or director		JHON JAIRO A		4EZ		
I hereby accept I further agree of of my duties, an document is bei	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec been notified in writin	isions of all statute, d accept the obliga ct a change in the re	gree to act in this capacity, s relative to the proper and tion of my position as regis, egistered office address, I h		e perfoi ent. Or onfirm ti	mance if this hat the	
Jag	L. E. Estr	asa	10/20/20 Date	10			
If signing on be	half of an entity:						
	GE IVAN ESTRAD yped or Printed Name	Α					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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