

P03000023135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

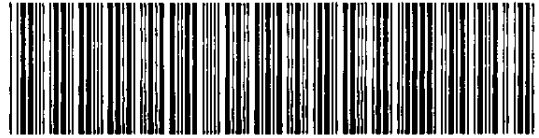
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/09--01006--003 **35.00

RA to Chy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 DEC 22 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

SIVIA MURER
SUPERIOR BOOKKEEPING
P O BOX 2689
PEACHTREE CITY, GA 30269

SUBJECT: LOS MONARCAS, INC.
Ref. Number: P03000023135

We have received your document for LOS MONARCAS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 109A00037830

2009 DEC 22 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOS MONARCAS, INC
Name of Corporation

FIN# 01-0770189

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:

SIVIA MURER
Name of Contact Person

SUPERIOR BOOKKEEPING
Firm/Company

PO BOX 2689
Address

PEACHTREE CITY, GA 30269
City/State and Zip Code

SMURER@SUPERIOR-BOOKKEEPING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIVIA MURER at (678) 364-9441
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 FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LOS MONARCAS, INC.,
2. The principal office address: 516 NW 75TH STREET
GAINESVILLE, FL 32607-1676
3. The mailing address (if different): PO BOX 2689
PEACHTREE CITY, GA 30269
4. Date of incorporation/qualification: 02/20/2003 Document number: P03000023135
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)

MARTIN MONTES (RESIGNED)

4117 SW 20TH AVENUE

GAINESVILLE, FL 32608

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

JAIME LOPEZ

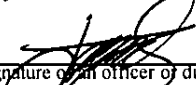
7301 W. University Avenue

Gainesville, FL 32607 P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X 
Signature of an officer or director

JAIME LOPEZ, PRESIDENT
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.

X 
Signature of Registered Agent

X 12-03-09
Date

If signing on behalf of an entity:

JAIME LOPEZ

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