## P03000048876

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700288872907

08/22/16--01011--007 \*\*35.00

16 AUG 22 1410: 01

AUG 31 2016 C MCNAIR

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Subject: Name of Corporation		
DOCUMENT NUMBER: P0300048876		
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:		
Argenis J Contreras Name of Contact Person  Bonumur, Cap. Firm/Company  12380 NW 116th Are Address  Medley, PL 33178 City/State and Zip Code  acb@bonumarcoip.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:  Argeni SJ. Contras  at (305) 718-9850  Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

' TO:

## **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: Banamar, Corp.
,2. The principal office address: 12380 NW 116th Ave, Medley, TL 33178
_3. The mailing address (if different):
4. Date of incorporation/qualification: \$5/02/2003 Document number: P03000048876
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)
Argenis <sup>J</sup> . Contreras
Argenis <sup>3</sup> . Contreras 7950 NW 531d Stocet, Suite 336
Poral, FL 33164
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Argenis J. Contreras, Provident/LEO.
Argenis J. Contreras, President/LEO.
Medley, 12 33178
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.
Argenis Contre as, President/CEO 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 Agert 08/14/16 Date
Archins Contractor President/CEO.
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