

PO41000037704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

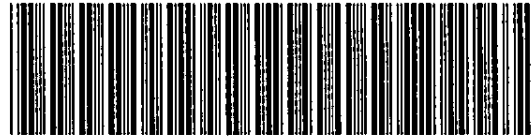
(Document Number)

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12 NOV 16 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Codazue, Corp.
Name of Corporation

DOCUMENT NUMBER: P0400003770X

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:

Vincent Carrodegua
Name of Contact Person

Goldstein Schechter Koch
Firm/Company

2121 Ponce De Leon Blvd, #1100
Address

Coral Gables, FL 33134
City/State and Zip Code

Carmita.nason@gskcpas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent Carrodegua at (305) 442-2200
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2012

VINCENT CARRODEGUAS
GOLDSTEIN SCHECHTER KOCH
2121 PONCE DE LEON BLVD #1100
CORAL GABLES, FL 33134 US

SUBJECT: CODAZU, CORP.
Ref. Number: P04000037704

We have received your document for CODAZU, CORP. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 612A00026448

RECEIVED

12 NOV 14 AM 8:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

* So Attached:

check \$10
Form

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Codazu, Corp.
2. The principal office address: c/o Vincent Carrodegua,
2121 Ponce De Leon Blvd, #1100, Coral Gables, FL 33134
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/26/04 Document number: P04000037704

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)

Corporate Maintenance Services, LLC
1000 Brickell Avenue, Suite 215
Miami, FL 33131

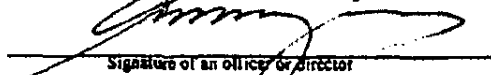
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Vincent Carrodegua
2121 Ponce De Leon Blvd, #1100
P.O. Box NOT acceptable
Coral Gables, FL 33134

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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.


Signature of an officer or director

Hector Gersenstein
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

11/2/12
Date

If signing on behalf of an entity:

Vincent Carrodegua
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
CR2E045 (03/12)