P04000139321

	(Requestor's Name)	_
	(Address)	<u> </u>
	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO:	Amendment Section Division of Corporations
	7
SUBJ	Zapata Consulting, INC,
	Name of Corporation
DOCI	P04000139321 JMENT NUMBER:
	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	-
Please	return all correspondence concerning this matter to the following:
	Thais Asper
	Name of Contact Person
	Zapata Consulting
	Firm/Company
	PO Box 143751
	Address
	Coral Gables, FL 33114
	City/State and Zip Code
	jczapata@aol.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Asper 786 4579636
	Name of Contact Person at () Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address:
	Amendment Section Amendment Section Division of Corporations Division of Corporations
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

R	n	TH	FOR	COR	POR	ATIONS	3
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Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutès, this home 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 t					
2. The principal	503 NW 136 PL Miami, FL 33182				
, , , , , , , , , , , , , , , , , , , ,					
3. The mailing a	ddress (if different): PO Box 143751 Coral Gables, FL 33114				
4. Date of incorp	poration/qualification:				
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)				
•	Juan C. Zapata				
	12925 SW 88 LN				
	Miami, FL 33186				
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offices				
	Carlos Truéba SSE 3 7				
	1985 NW 88th Ct #101, Doral, FL 33172 P.O. Box NOT acceptable				
	P.O. Box NOT acceptable				
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.				
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.				
Synatur	Est an officer or director Juan C. 2am 49 Printed or typed name and title				
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered solocument is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.				
Sigr	nature of Registered Agent Sate				
If signing on bel	nalf of an entity:				
Carlos T	ped or Printed Name				

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