## P05000032740

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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T. Roberts FER 12 2008



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2008

MARTHA L ARCE 21132 SW 125TH CT ROAD MIAMI, FL 33177

SUBJECT: NIETOS UNLIMITED, CORP.

Ref. Number: P05000032740

We have received your document for NIETOS UNLIMITED, CORP. 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 registered agent must sign accepting the designation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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: 208A00005459

SECRETARY OF STATES TALL SHOP

2008 FEB 12 AM 8: 04

RECEIA,

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: NIETOS UNLIMITED, CORP.  (Name of Corporation)
DOCUMENT NUMBER: P05000032740
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:
MARTHA L ARCE
(Name of Contact Person)
(Firm/Company)
21132 SW 125TH CT ROAD
(Address)
AAIAAAI EL 22477
MIAMI, FL. 33177 (City/State and Zip Code)
For further information concerning this matter, please call:
MARTHA L ARCE at ( 786 ) 293-1821
MARTHA L ARCE at (786) 293-1821 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed 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
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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: NIETOS UNLIMITED, CORP.	_
2. The principal office address: 18565 SW 104TH AVENUE MIAMI, FL. 33157	
3. The mailing address (if different): 21132 SW 125TH CT ROAD	
MIAMI, FL. 33177	
4. Date of incorporation/qualification: 03/03/2005 Document number: P05000032740	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
ARCE JUAN	
21132 SW 125 Court Rd	
MIAMI, FL. 331.77	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  MARTHA L ARCE	
MARTHA L ARCE	7
21132 SW 125TH CT ROAD	ורכט
(P.O. Box NOT acceptable)	
MIAMI, FL. 33177 SA 5	
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. $ \begin{array}{cccccccccccccccccccccccccccccccccc$	
X Wartta J-Acc MARTHA L ARCE-PRESIDENT (Signature of an officer or director) (Printed or typed name and fittle)	-
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.	
Watte L. Acc 510408 (Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(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 (8/05)