## P05000108548

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SECRETARY LF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: TEJADA INVESTMENTS, INC (Name of Corporation)					
DOCUMENT NUMBER: P05000108548					
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:					
NORELYS TEJADA (Name of Contact Person)					
TEJADA INVESTMENTS, INC (Firm/Company)					
14262 ISLAMORADA DR (Address)					
ORLANDO FL 32837 (City/State and Zip Code)					
For further information concerning this matter, please call:					
NORELYS TEJADA at (321 ) 689-2000 (Name of Contact Person) (Area Code & Daytime Telephone Number)					

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Enclosed is a \$35.00 check made payable to the Department of State.

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 607.0302, 617.0302, 607.1508, or 617.1308, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA					
	e its registered office or register				
1. The name of the corpora	ation: TEJADA INVESTMEN	ITS, INC	·	-	
2. The principal office add	ress: 14262 ISLAMORADA I	DR			
ORLANDO FL 328	37	· <b>*</b>	· - · · · · · · · · · · · · · · · · · ·		
3. The mailing address (if	different): SAME	. =			
				. ,-	
4. Date of incorporation/qu	ualification; 08/03/2005	Document nu	mber: P050001085	48	
5. The name and street add Florida Department of S	Iress of the current registered ag State:	gent and registered	office on file with the	<u>.</u>	
SPIEGEL	. & UTRERA, P.A. 1840 SW 22NI	D ST. 4TH FLOOR	MIAMI FL 33145		
<del></del>		gotte e	ASE C	5 1	
<ol><li>The name and street add (if changed):</li></ol>	dress of the new registered agent	t (if changed) and /	or registered office:	27	
VICTO	OR TEJADA			T I	
14262	ISLAMORADA DR			三つ	
ORLA	(P.O. Box NOT acceptable) NDO FL 32837			5 5	
The street address of its ras changed will be identicated	egistered office and the street a	address of the busi	iness office of its regis	tered agent,	
Such change was authorized by the board,	zed by resolution duly adopted or the corporation has been not	l by its board of di tified in writing of	rectors or by an office the change.	r so	
(Signalure of an office	er of director)	(Printe	TejADA - Pre		
I hereby accept the appoint further agree to comply of my duties, and I am far document is being filed no corporation has been not	intment as registered agent and with the provisions of all state miliar with and accept the obli- nerely to reflect a change in the ified in writing of this change.	d agree to act in the stes relative to the gation of my posite registered office	nis capacity. proper and complete ion as registered agen address, I hereby conj	performance tt. Or, if this firm that the	
		$\circ$	7/74/06		
(Signature of Re			(pate)	<del></del>	
If signing on behalf of an	entity:				
(Typed or Prin	ted Name)	* · · ·		. <i> </i>	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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