PACOCOPINA

·		
(Requ	uestor's Name)	
(Addı	ress)	
(Address)		
(City/	State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
	— *****	
(Busi	ness Entity Name	=)
(Doc	ument Number)	
Certified Copies Certificates of Status		
Special Instructions to Fi	iling Officer:	
		•
!		

Office Use Only



600318486946

09/24/18--01028--008 **35.00

FILED 8 OCT -4 PM 2:2

OCT 05 2018 S. YOUNG



September 26, 2018

ENRIQUE CAMACHO ESOURCE CAPITAL INC 2333 BRICKELL AVENUE STE D1 MIAMI, FL 33129

SUBJECT: E-SOURCE CAPITAL INC.

Ref. Number: P06000009802

We have received your document for E-SOURCE CAPITAL INC. 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 the proper form(s) with instructions for your convenience.

The registered agent must sign accepting the designation.

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 218A00020063

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: E-SOURCE CAPITAL 14C. Name of Corporation
DOCUMENT NUMBER: <u>P0600000980Z</u>
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:
EHRIQUE CATACHO Name of Contact Person
e Source Capital IKIC.
2333 Beickell AV D-1
HIAHI - FL - 33129 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EXPLOSE CAMACHO at (954, 275/56) 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

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: E-SOURCE Capital 14C
2. The principal office address: 2333 BRICKECC AV. D.L. MIAHI FLORIDA 33129
3. The mailing address (if different):
4. Date of incorporation/qualification: TAN-20-20 Socument number: Poloo0009802
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)
COPPORATE OPERTIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221 E
PALM BEACH GARDERS FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ENRIQUE CAMACHO
1915 BRICKELL AV. C1608
HIAN 7L 33129
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.
Exercise of an other or director Exercise Of an other or director 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. In hereby confirm that the corporation has been notified in writing of this change.
Cylinde of Registered Appen
If signing on behalf of an entity:
Exclose CAHACHO Transfar Printed Name

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
5 (03/2)

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