## PDU0000043179

(Requestor's Name)						
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(Cit	ty/State/Zip/Phone #)					
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PICK-UP	☐ WAIT ☐ MAIL					
(Bu	siness Entity Name)					
(Document Number)						
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## **COVER LETTER**

SUBJECT:	F & L ALUMINUM PARTS, INC						
Name of Corporation							
DOCUMENT NUMBE	NUMBER:P06000043179						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspo	ondence concerning this matter to the following:						
·	RICARDO FERNANDEZ						
	Name of Contact Person						
	F & L ALUMINUM PARTS, INC						
	Firm/Company						
2930 NE 8 AVE							
	Address						
	POMPANO BEACH, FL 33064 City/State and Zip Code						
	City/State and Zip Code						
INFO@FLALUMINUM.COM							
E-ma	il address: (to be used for future annual report notification)						
For further information c	oncerning this matter, please call:						
	OFERNANDEZ at ( 954 ) 975-8535 Contact Person Area Code & Daytime Telephone Number						
Name of 0	Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 chec	ck made payable to the Department of State.						

Street Address: Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2011

RICARDO FERNANDEZ F & L ALUMINIUM PARTS, INC. 2930 NE 8 AVE POMPANO BEACH, FL 33064

SUBJECT: F & L ALUMINUM PARTS, INC.

Ref. Number: P06000043179

We have received your document for F & L ALUMINUM PARTS, 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):

YOU FAILED TO LIST THE NEW REGISTERED AGENT INFORMATION IN PART (6) OF THE FORM.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 911A00018302



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is su	is of sections 607.0502, 617 bmitted for a corporation o ge its registered office or re	rganized under .	the laws of the State	of FLORIDA	
1. The name of the corpo	ration: F & L ALUMIN	NUM PART	S, INC		<u> </u>
2. The principal office ad	dress: 1720 NW 22 CT,	, UNIT 3, PO	MPANO BEACI	H, FL 33069	
3. The mailing address (if	different): 2930 NE 8 A	VE, POMPA	NO BEACH, FL	33064	
4. Date of incorporation/c	qualification: 03/27/2	006 Docu	ment number:	P06000043	3179
	dress of the current register State: (If resigned, enter res		istered office on fil	le with the	
RICAR	RDO FERNANDEZ				,
2930 N	NE 8 AVE, POMPANO	BEACH, FL	33064	,	- Sec.
	<del>-</del>				AUG 1
<ol><li>The name and street ad (if changed);</li></ol>	dress of the new registered	agent (if change	d) and /or registered	d office	60%PORAL
	20 N.W E	22 (t,	<i>Vnit 3</i> L 330	<u> </u>	TH AUG 18 PH 2:50
The street address of its p	P.O. Box	NOT acceptable	he business office	of its registered	agent,
as changed will be identi Such change was authori		opted by its boar	rd of directors or b	v an officer so	
authorized by the board,	zed by resolution duly add or the corporation has been	n notified in wr	iting of the change	i.	,
Signature of an office	er of director	RICAF	Printed or typed name	EZ/PRESIDE	NT
I hereby accept the appo I further agree to comply of my duties, and I am fa document is being filed n corporation has been not	intment as registered agen with the provisions of all miliar with and accept the nerely to reflect a change i ified in writing of this cha	nt and agree to a statutes relative obligation of m in the registerea nge.	act in this capacity to the proper and ty position as regis office address, I h	i complete perfoi tered agent Or nereby confirm ti	mance if this hat the
Kunh	touch		07/26/20	)11	
Signature of Reg If signing on behalf of an	skiered Agent a entity:		Date		
RICARDO F Typed or Print					

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 \* \* \*