

P-070000006670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

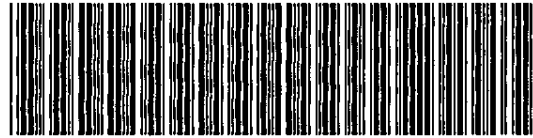
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Corrected document  
by telephone call  
on 12-21-11

Office Use Only



700215186117

12/19/11--01010--003 \*\*35.00

Lo chy

FILED  
11 DEC 19 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12-21-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lunacon Engineering Group, Corp.  
Name of Corporation

**DOCUMENT NUMBER:** P07000006670

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:

Patricia Bonilla  
Name of Contact Person

Lunacon Engineering Group, Corp.  
Firm/Company

16890 South Dixie Hwy  
Address

Miami, FL 33157  
City/State and Zip Code

pbonilla@lunaconcorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Bonilla at ( 786 ) 293-0035  
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  
Tallahassee, FL 32301

**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: Lunacon Engineering Group, Corp.
2. The principal office address: 16890 South Dixie Hwy, Miami, FL 33157
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/16/2007 Document number: P07000006670
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)

Patricia Bonilla

16501 South West 7th Ave.

Palmetto Bay, FL 33157

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Patricia Bonilla

16890 South Dixie Hwy

P.O. Box NOT acceptable

Miami, FL 33157

FILED  
11 DEC 19 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

Patricia Bonilla  
Signature of an officer or director

Patricia Bonilla, President  
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, I hereby confirm that the corporation has been notified in writing of this change.

Patricia Bonilla  
Signature of Registered Agent

December 13, 2011  
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