## P0100081202

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300255868993

02/04/14--01024--003 \*\*470.00

SECRETARY OF STATE TALLAR (SSEELT) ORID 17 FEB - 1 MM 9: 06

RA Change

FEB 11 2014

T. CARTER

## **COVER LETTER**

то:	Amendment Section Division of Corporations	
	TOTO BEACH INC.	
SUBJ	JECT: Name of Corpo	pration
	P07000087262	
DOC	CUMENT NUMBER:	
The e	enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please	se return all correspondence concerning this matter to	the following:
	JOSE F PEN	A
	Name of Contac	t Person
	TOTO BEACH	INC.
	Firm/Comp	any
	1395 BRICKELL A	/E #3301
	Address	
	MIAMI, FL 33	131
	City/State and Z	ip Code
	jfpena900@gma	il.com
	E-mail address: (to be used for future	re annual report notification)
For fu	further information concerning this matter, please call	
JOS	SE F PENA	305 321-9865
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute mge is submitted for a corporation organized under the laws of the State of	s this	<del></del> -		
in orde	r to change its registered office or registered agent, or both, in the State of Florida				
1. The name of t	TOTO BEACH INC.				
2. The principal	900 BISCAYNE BLVD #105 MIAMI 74 33/32				
3. The mailing a	SAME AS ABOVE ddress (if different):				
4. Date of incom	4. Date of incorporation/qualification:  O8/01/07  Document number:				
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)				
•	PRIVE CONSULTING GROUP LLC		TA S		
	900 BISCAYNE BLVD #105	FEB	ECSE FOSE		
	MIAMI, FL 33132	14.88EE. 1818 3 -4 AM 9: 06	PILI ARY ASSE		
6. The name an (if changed):	I street address of the new registered agent (if changed) and /or registered office		E SIMI O SIMI O SIMI		
	JOSE F PENA	9			
	900 BISCAYNE BLVD # 105				
	P.O. Box NOT acceptable MIAMI, FL 33132				
The street address changed will	ess of its registered office and the street address of the business office of its registered be identical.	tered a	agent,		
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer work, or the corporation has been notified in writing of the change.	so			
	ANTONIO MAGRANER				
Signatu	re of an officer or director Printed or typed name and title				
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as resist document is being filed merely to reflect a change in the registered office addrithat the corporation has been notified in writing of this change.	zistere ess, I	ed .		
	12/26/13				
Sig	nature of Registered Agent Date				
If signing on be	half/of an entity:				
	yped or Printed Name				

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