

(Re	questor's Name)					
(Ad	dress)	_				
(Add	dress)					
(Cit	y/State/Zip/Phone	: #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
·						

Office Use Only



200251003462

08/26/13--01019--007 **35.00



21ACho AUG 28 2013

R. WHITE

COVER LETTER

OBJECT:	Name of Corporation
DOCUMEN	T NUMBER: P07000 129998
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:
	JUAN J. URRUTIA Name of Contact Person
	URVE ENGINEERING COMPANY Firm/Company
	4756 W ATUNTIC BWD # 202
	COCONUT CEEFK, FL, 33063 City/State and Zip Code
	L-mail address: (to be used for future annual report notification)

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

JUAN J. URBUTIA

Name of Contact Person

Amendment Section Division of Corporations

TO:

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

Area Code & Daytime Telephone Number

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

statement of cha	provisions of secti inge is submitted for r to change its reg	or a corpor	ation organ	nized under	r the law	s of the St	ate of _1	FLORI		
1. The name of t	he corporation:	URVE	ENGINE	cens	6 00	mper	ny			
2. The principal	office address:	4711	BANGE	eoy L	N, 7,	MM AV	ع کے ۸	<u> </u>	331	19
3. The mailing a	ddress (if differen	t):								
4. Date of incorp	poration/qualificat	ion: 12 1	06/07	Doc	ument n	umber:	2070	00 129	9 90	18
5. The name and	street address of tment of State: (If	the current	registered a	agent and r						
	Δ۲	III BAY	Grany	W. To	MARA	c, FL	3331	P		
6. The name and (if changed):	street address of		_		-	/or registe	ered offic		瓣 AUG 26 PH 4:	PICTURE
	4756W/	Ceffe	FL P.O. Box NOT	. 730 acceptable	<u>63_</u>	 			07	
The street addre	ss of its registered be identical.	d office and	the street	address of	the bus	iness offic	ce of its i	egistered	i agen	L,
Such change wa authorized by th	s authorized by re e board, or the co	solution du	ily adopted as been no	l by its boa	ard of di	rectors or the chan	by an of	ficer so		
Ludu	U of an officer or the)			1.0	or typed nam	A Pe		<u>~</u>	
agent. Or. 11 im	the appointment of comply with the my duties, and I a s document is beithat the corporati	ng mea me	reiv io reii:	ect a chan:	ge in ine	registere	ty. nd compl osition d nd office (lete is registe address.	red I	
Sign	nature of Registered Age	nt	· ·			Date				
If signing on bel	nalf of an entity:									
Ту	ped or Printed Name	·								
		* * * FI	LING FE	E: \$35.00	* * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE