

P08 0000 19073

(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:

Office Use Only



300343418073

04/17/20--01011--005 **35.00

2163. 17 11 9:37

R. WHITE
APR 28 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Delicias Paisas INC.
Name of Corporation

DOCUMENT NUMBER: P08000019073

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:

MARTHA a. Gutierrez
Name of Contact Person

Delicias Paisas INC
Firm/Company

12965 SW 132nd Ter.
Address

MIAMI, FL 33186
City/State and Zip Code

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

For further information concerning this matter, please call:

MARTHA Gutierrez at (786) 277-5007
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DELICIOUS PAISAS INC.
2. The principal office address: 12965 SW 132nd Ter.
MIAMI FL 33186
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-21-2008 Document number: P08000019073
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)

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

MARTHA O. GUTIERREZ
12965 SW 132nd Ter.
MIAMI FL 33186

P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

JESSICA GUTIERREZ
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.

MARTHA O. GUTIERREZ
Signature of Registered Agent

04/13/2020
Date

If signing on behalf of an entity:

MARTHA O. GUTIERREZ
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

CR2E(045 (04/13)