P080003969Z

	1,000
(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:	





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TALFORNIA REPORT STATE

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RH Change

FEB 1 1 2014'
T. CARTER

COVER LETTER

TO:	Amendment Section Division of Corporations
CHRI	900 CENTRAL BISCAYNE RETAIL INC.
30100	Name of Corporation
	P08000039692
DOC	JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JOSE F PENA
	Name of Contact Person
	900 CENTRAL BISCAYNE RETAIL INC.
	Firm/Company
	1395 BRICKELL AVE #3301
	Address
	MIAMI, FL 33131
	City/State and Zip Code
	jfpena900@gmail.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
JOSE	F PENA 305 321-9865
	Name of Contact Person at (
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Amendment Section 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

statement of ch	tange is submitted for a corporation organized under the laws of the State of FLC	ORIDA	
in ora	ler to change its registered office or registered agent, or both, in the State of Flori 900 CENTRAL BISCAYNE RETAIL INC.	ida.	
	the corporation: 900 BISCAYNE BLVD #105 MIAMI FL 33132 al office address:		
3. The mailing	address (if different):		
	rporation/qualification: 04/18/2008 Document number: P0888883	9692	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) PRIVE CONSULTING GROUP LLC	пе	
	900 BISCAYNE BLVD #105	~~	₹.
	MIAMI, FL 33132	4 FED	SECRI
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	FED 4 AH 8: 49	13 / ED
	JOSE F PENA	4 :3	STA
	900 BISCAYNE BLVD # 105	9	DA ADE
	P.O. Box NOT acceptable MIAMI, FL 33132		
The street addr as changed wil	ress of its registered office and the street address of the business office of its reg I be identical.	istered a	igent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so	
	ANTONIO MAGRANER		
/	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 fine duties, and I am familiar with and accept the obligation of my position as rais document is being filed merely to reflect a change in the registered office ad that the corporation has been notified in writing of this change.	e egistere dress, I	ed
	12/26/13		
	gradure of Registered Agent Date		
If signing on be	half of an entity:		
T	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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