

P08000094768

(Requestor's Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA FLOR INC
Name of Corporation

DOCUMENT NUMBER: P08000094768

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:

CLAUDIA FLOREZ
Name of Contact Person

LAFLOR INC
Firm/Company

919 SE 31st TER
Address

Cape Coral, FL. 33904
City/State and Zip Code

c203400@hotmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA FLOREZ at (239) 887 2050 / 51
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: LA FLOR INC

2. The principal office address:

919 SE 31st TER Cape Coral, FL. 33904

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/15/2008 Document number: P08000094768

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)

CLAUDIA FLOREZ

1402 NE 5TH AVE

CAPE CORAL, FL. 33909

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

CLAUDIA FLOREZ

919 SE 31st TER

Cape Coral FL. 33904

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.

Claudia Florez
Signature of an officer or director

CLAUDIA FLOREZ -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.*

Signature of Registered Agent

09/21/2010

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
CR2E045 (8/05)