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COVER LETTER

TO: A	Amendment Section Division of Corporation	S	·	•	
SUBJEC	T: Victor	Lopez 3	Associa tes	s, Inc.	
DOCUM	IENT NUMBER:	P080001	08382		
The encl	osed Statement of Chan	ge of Registered Offi	ce/Agent and fee	are submitted for fili	ng.
Please re	turn all correspondence	concerning this matte	er to the followin	g:	
		Victor L (Name of C	ontact Person)		
	Victor	Lopez 3 As	Sociales 1	ا د	
	9501	SA tellite	Blud #	loi	
	<u>Orlan</u>	do FL (City/State a	32837 and Zip Code)		
For furth	er information concerni	ng this matter, please	call:		
Vic	tor Lopez (Name of Contact	t Person)	at (<u>407</u> (Area Co) 601 . 598 de & Daytime Telepl	35 none 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

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. Lopez 3 Associates Inc. 1. The name of the corporation: 2. The principal office address: 4501 3. The mailing address (if different):_ 4. Date of incorporation/qualification: 12-15-08 Document number: Po800108382 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): FL 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. ire of an officer o 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) (Date) If signing on behalf of an entity: (Typed or Printed Name)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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

FILING FEE: \$35.00 * * *