## P09000010459

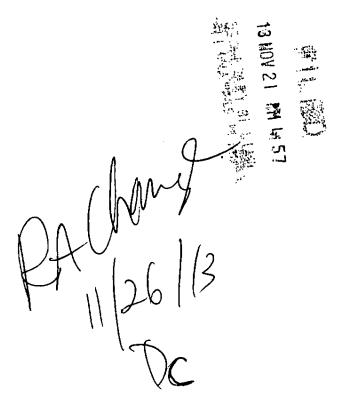
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT. A R Garzon, Inc.

Name of Corporation

DOCUMENT NUMBER: P0900010459

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:

Alush Garzon

Name of Contact Person

A R Garzon, Inc.

Firm/Company

10505 Dotham Ct.

Address

Tampa, FL 33626

City/State and Zip Code

alushgarzon@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alush Garzon

,/954 \816-1954

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

statement of cha	mge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of or registered agent, or both, in the State of	FLORIDA	
1. The name of	the corporation: A R Garzon	n, Inc.		
2. The principal	office address: 10505 Doth	am Ct.		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 2/	2/09 Document number: <u>P09</u>	000010459	
	d street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on file ver resigned)	vith the	
	4409 W. Gray St. #3		_	
	Tampa, FL 33609			
6. The name and (if changed):	I street address of the new regis	tered agent (if changed) and /or registered o	mice NOV 2	
	10505 Dotham Ct.			
	Tampa, FL 33626		E ST	
	P, o	O. Box NOT acceptable		
The street addre	ess of its registered office and t be identical.	he street address of the business office of i	ts registered agent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	y adopted by its board of directors or by an sbeen notified in writing of the change.	officer so	
12/	Alush Garzon, President			
I hereby accept I further agree to performance of	to comply with the provisions of my duties, and I am familiar w	Printed or typed name and to agent and agree to act in this capacity. If all statutes relative to the proper and con ith and accept the obligation of my position by to reflect a change in the registered office motified in writing of this change.	nplete n as registered	
7-	Tallure of Registered Agent			
( If signing on be	half of an entity:	Butv		
Alush Garz	•			
	ped or Printed Name	<del>_</del>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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