

PO90000047116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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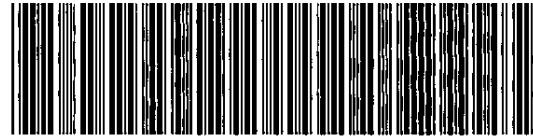
(Business Entity Name)

(Document Number)

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RA address  
change

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2018 AUG 31 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AR  
9/1/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Domenech J B Inc  
Name of Corporation

**DOCUMENT NUMBER:** PG9000047116

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:

Javier Rivera  
Name of Contact Person

Domenech J B Inc  
Firm/Company

3401 NW 94 TER  
Address

Miami FL 33147  
City/State and Zip Code

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

For further information concerning this matter, please call:

Javier Rivera at (786) 506 6346  
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: Domenech JR INC.  
2. The principal office address: 3401 NW 94 TER  
Miami FL 33147  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 8-20-10 Document number: P090000047116

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)

Javier Rivera  
9042 NW 6th Ct  
Plantation FL 33324

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

Javier Rivera  
3401 NW 94 Ter  
P.O. Box NOT acceptable  
Miami FL 33147

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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

Javier Rivera R. Agent  
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]  
Signature of Registered Agent

8-20-10  
Date

If signing on behalf of an entity:

Javier Rivera.  
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