

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
1020 MERRIMON INC.

Certificate of Status	0
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

OCT 16 2017

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation is: 1020 Merrimon Inc.
2. The principal office address: 11111 BISCAYNE BLVD APT 455 JOCKEY
MIAMI FL 33181
3. The mailing address (if different): 11111 BISCAYNE BLVD APT 455 JOCKEY CLUB
MIAMI FL 33181
4. Date of incorporation/qualification: 8/27/2009 Document Number: P09000072472
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
HELLMUND, LUIS A
11111 BISCAYNE BLVD #1812
MIAMI FL 33181
6. The name and street address of the new registered agent (if changed) and for registered office
(if changed):
NUNEZ, CARMEN H
11113 BISCAYNE BLVD., APT. 455
(P.O. Box Not acceptable)
MIAMI FL 33181

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, and the corporation has been notified in writing of the change.

(Signature of an officer or director)

Carmen H. Nunez, 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) 10/12/17 (Date)

If signing on behalf of an entity;

(Typed or Printed Name)

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410
(561) 694-8107



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TALLAHASSEE FLORIDA