

PO9000087038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

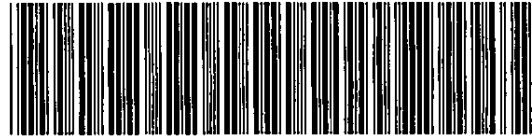
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPOLAB, INC
Name of Corporation

DOCUMENT NUMBER: P09000087038

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:

VICTORIA C RACHADEY
Name of Contact Person

CORPOLAB, INC
Firm/Company

14075 SW 143rd CT SUITE#2
Address

MIAMI, FL 33186
City/State and Zip Code

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

For further information concerning this matter, please call:

VICTORIA C RACHADEY at (786) 8423151
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2017

VICTORIA C RACHADEY
14075 SW 143 CT STE 2
MIAMI, FL 33186

SUBJECT: CORPOLAB, INC.
Ref. Number: P09000087038

We have received your document for CORPOLAB, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is for a LLC. You need to file the registered agent change for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 617A00018623

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17 SEP 25 PM 1:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: CORPOLAB, INC

2. The principal office address: 14075 SW 143rd CT SUITE#2 MIAMI, FL 33186

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/21/2009 Document number: P09000087038

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)

RACHADEY, VICTORIA C
267 MINORCA AVENUE #200
CORAL GABLES, FL 33134

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

RACHADEY, VICTORIA C
14075 SW 143rd CT SUITE#2
MIAMI, FL 33186
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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.

Victoria Carolina Rachadey Signature of an officer or director RACHADEY, VICTORIA C Director
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.

Victoria Carolina Rachadey Signature of Registered Agent 09/20/2017 Date
Printed or typed name and title

If signing on behalf of an entity:

Typed or Printed Name

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