(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	·····
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	
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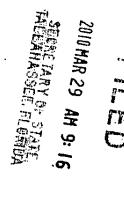
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3.30.10



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COVER LETTER

TO: Amendment Section Division of Corporatio	ns					
SUBJECT:	GARCIAS RA					
DOCUMENT NUMBER:	P100	00000088	·····			
The enclosed Statement of Cha	nge of Registered Office	e/Agent and fee are submi	itted for filing.			
Please return all correspondence	e concerning this matter	to the following:				
	_	•				
	Yohan	Garcia				
	Name of Cor					
<u></u>	GARCIAS RANCH INC					
	Firm/Co	ompany				
	841 NIL					
	Addı	ress				
		ID 51 40005				
FORT DENAUD, FL 33935 City/State and Zip Code						
	, ,	F				
- 17 11 - 1		1	Finalian)			
E-mail add	iress: (to be used for fi	uture annual report noti	iication)			
For further information concern	ning this matter, please o	eall:				
Hector Is	idron	_at (305)	933-9590			
Name of Contact		Area Code & Dayt	933-9590 ime Telephone Number			
Enclosed is a \$35.00 check made	de payable to the Depart	ment of State.				
3.4 111	4.11	66 (411				
<u>Mailin</u> Amen	ig Address: dment Section	Street Address Amendment S	ection			
	on of Corporations	Division of C				
	Box 6327	Clifton Buildi	•			
Tallah	assee, FL 32314		ve Center Circle			
		Tallahassee, I	FL 32301			

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

•			07.1508, or 617.1508, Flo I under the laws of the Stat		
			l agent, or both, in the Stat		
1. The name of t	the corporation: GAR	CIAS RANCH	INC		
-		LES ST. FORT	DENAUD, FL 33935		
FORT DE	NAUD, FL 33935				
3. The mailing a	iddress (if different):				
4. Date of incorp	poration/qualification: _	12/31/2009	Document number:	P10000000088	
	d street address of the curtiment of State: (If resig		it and registered office on t	file with the	
	Joe Garcia				
	841 NILES ST. FO	ORT DENAUD. F	FL 33935		
				70 ASM 20	
				2010 MAR SERGE C	-
6. The name and (if changed):		ew registered agent (if changed) and /or register	red office	San roun
	Yohan Garcia			=	
	841 NILES ST. F	ORT DENAUD.	FL 33935	9.	
		P.O. Box NOT a			
			The state of the s		
The street addr	ress of its registered off Il be identical.	fice and the street ac	ldress of the business offic	ce of its registered agent,	
Such change w	vas authorized by resoluthe board, or the corpor	ution duly adopted bration has been notified.	by its board of directors or fied in writing of the chan	r by an officer so	
2			YOHANGA	ARCIA PRESID	DINI
Signat	ure of an officer or director		Printed or typed na		
I further agree of my duties, a document is be	ot the appointment as re to comply with the pro and I am familiar with a eing filed merely to refl as been notified in writ	ovisions of all statut and accept the oblig ect a change in the	agree to act in this capac es relative to the proper a ation of my position as re registered office address,	ity. ind complete performance gistered agent. Or, if this I hereby confirm that the	e S
1			03-24-1	0	
S	ignature of Registered Agent		Date		
	pehalf of an entity:				
YOHAN	1 GARCIA				
	Typed or Printed Name				

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