

P10000031237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

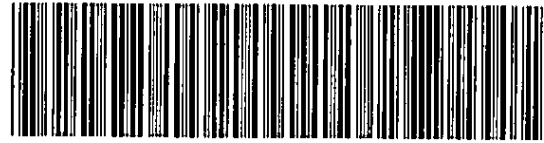
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/22/21--01026--012 **35.00

2021 MAR 22 AM 10:22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 MAY 10 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FL

April 29, 2021

NICOLAS BROCHERIE
293 NE 61ST ST.
MIAMI, FL 33137

SUBJECT: ESV 2 CORP.
Ref. Number: P10000031237

We have received your document for ESV 2 CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 821A00008913

2021 MAY 22 AM 10:22

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ESV 2 CORP.

Name of Corporation

DOCUMENT NUMBER: P10000031237

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:

Nicolas Brocherie

Name of Contact Person

ESV 2 Corp

Firm/Company

293 NE 61st St

Address

Miami FL 33137

City/State and Zip Code

dargel@latourdesign.com

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

For further information concerning this matter, please call:

Nicolas Brocherie

Name of Contact Person

at (305)

546-7418

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: ESV 2 Corp
2. The principal office address: 293 NE 61st St Miami FL 33137

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/09/2010 Document number: P10000031237

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)

Daniel Latour Resigned

293 NE 61st St

Miami, FL 33137

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

Amed Garcia (New PD to be Registered)

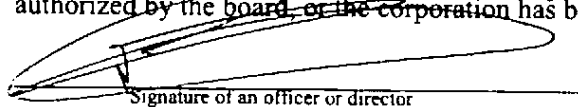
15336 Sunset Dr Apt 24

P.O. Box NOT acceptable

Miami FL 33193

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 of an officer or director

Nicolas Brocherie

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

03/15/2021

Date

If signing on behalf of an entity:

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
CR2E045 (04/13)