

P10000057803

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 26, 2015

LEON EGOZI, CPA
LEON EGOZI AND ASSOC., PA
2999 NE 191 ST., STE 240
AVENTURA, FL 33180 US

SUBJECT: LOS ROSALES CORP.
Ref. Number: P10000057803

We have received your document for LOS ROSALES CORP. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

Tina D Cannon
Regulatory Specialist II

Letter Number: 315A00013489

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOS ROSALES CORP.

Name of Corporation

DOCUMENT NUMBER: P10000057803

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:

LEON EGOZI, C.P.A.

Name of Contact Person

LEON EGOZI & ASSOC., P.A.

Firm/Company

2999 N.E. 191 ST., #240

Address

AVENTURA, FL 33180

City/State and Zip Code

legozi@egozicpa.com

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

For further information concerning this matter, please call:

Leon Egozi, C.P.A.

Name of Contact Person

at (305) 937-2664

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: Los Rosales Corp.
2. The principal office address: 5333 Collins Ave., #709 Miami Beach, FL 33140
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/13/2010 Document number: P10000057803
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)

Michael Ortiz, P.A.

1430 S. Dixie Hwy., Ste 321

Coral Gables, FL 33146

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

Leon Egozi, C.P.A.

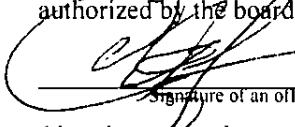
2999 N.E. 191 St., #240

P.O. Box NOT acceptable

Aventura, FL 33180

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

Maria Cristina Ramseyer

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

8/26/15

Date

If signing on behalf of an entity:

Leon Egozi, C.P.A.

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 (03/12)

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