P11000002513

(R	equestor's Name)			
(Ad	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	 e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT. ELIMAR REALTY CORP.				
Name of Corporation				
DOCUMENT NUMBER: P11000002513				
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:				
A tomor rotation with control point and control and co				
ELVIRA ACOSTA				
Name of Contact Person				
ELVIRA ACOSTA ENROLLED AGENT INC.				
Firm/Company				
401 CORAL WAY SUITE 107				
Address				
CORAL GABLES FL 33134				
City/State and Zip Code				
taxmaster@bellsouth.net				
E-mail address: (to be used for future annual report notification)				
•				
For further information concerning this matter, please call:				
Elvira Acosta ,305 ,541-9333				
Name of Contact Person at (Area Code & Daytime Telephone Number				
The court of the final religions in the court of the court of the final religions in the court of				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32301				

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

statement of char	nge is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of <u>Flori</u> stered agent, or both, in the State of Florida.	
	he corporation: ELIMAR REALTY COR		
2. The principal	office address: 7171 CORAL WAY SU	ITE 317 MIAMI FLORIDA 33155	
3. The mailing ac	ddress (if different): SAME AS ABOVE	<u> </u>	
4. Date of incorp	oration/qualification: 1/07/2011	Document number: P1100000251	3
	street address of the current registered trnent of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	MARIA MOLINA		
	444 SW 27 Avenue Apt 44		
	Miami FL 33135		15
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office	MAY 12
	MARIA MOLINA		- 3 E
	7171 Coral Way Suite 31		FLORI 2: 0
	Miami FL 33155	OT acceptable	DA
The street addre	ss of its registered office and the stree	et address of the business office of its registe	red agent,
		ed by its board of directors or by an officer so totified in writing of the change.	
Ma	ina Waling	MARIA MOLINA	
I havabu accont	the appointment as registered agent a o comply with the provisions of all sta my duties, and I am familiar with and s document is being filed merely to re that the corporation has been notified	Printed or typed name and title and agree to act in this capacity. atutes relative to the proper and complete accept the obligation of my position as regis flect a change in the registered office addres in writing of this change.	stered is, I
Mar	ia Moliva	May 6, 2015	
	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Ту	ped or Printed Name		
	* * * FILING F.	EE: \$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)