P11000059013

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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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OCT 20 2014 T. CARTER

COVER LETTER

TO:

Amendment Section Division of Corporations

SURJECT: LARES PROPERTY CORP.

Name of Corporation

P11000059013

DOCUMENT NUMBER: 1 11000039013

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:

ALBERTO MIQUEL

Name of Contact Person

MIQUEL ACCOUNTING SERVICE

Firm/Company

5100 S. DIXIE HWY., SUITE 10

Address

WEST PALM BEACH, FL. 33405

City/State and Zip Code

MIQUEL1951@AOL.COM

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

For further information concerning this matter, please call:

ALBERTO MIQUEL

,561 \588

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

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 617.1 statement of change is submitted for a corporation organized under the laws of in order to change its registered office or registered agent, or both, in	f the State of FLORIDA
1. The name of the corporation: LARES PROPERTY CORP.	
2. The principal office address: 11700 N.W. 19TH STREET	
PLANTATION, FLORIDA 33323	
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: 06/23/2011 Document num	_{ber:} P11000059013
5. The name and street address of the current registered agent and registered of Florida Department of State: (If resigned, enter resigned)	ffice on file with the
PAOLA A PERELLI	
11700 N.W. 19TH STREET	
PLANTATION, FLORIDA 33323	
6. The name and street address of the new registered agent (if changed) and /or (if changed):	r registered office
ALBERTO MIQUEL	TALLAHASS 14 OCT -9
5100 S. DIXIE HWY., SUITE 10	ASSE ASSE
P.O Box NOT acceptable WEST PALM BEACH, FLORIDA 33405	PHI2: 2
· · · · · · · · · · · · · · · · · · ·	STA COR.
The street address of its registered office and the street address of the busine as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of direct authorized by the board, or the corporation has been notified in writing of the	tors or by an officer so e change.
	RES. FOR UNSERGELD S.A.
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in the rehereby confirm that the corporation has been notified in writing of this change.	capacity. capacity. coper and complete of my position as registered egistered office address, I ge.
AUGUST 25,	2014
Signature of Registered Agent	Date
If signing on behalf of an entity;	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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