

P11000076253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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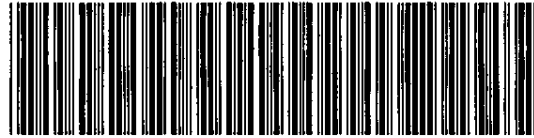
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grupo Atenical corp
Name of Corporation

DOCUMENT NUMBER: PM 000076253

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:

MARIA ALESIA SOUCHON
Name of Contact Person

Grupo Atenical corp
Firm/Company

4100 Salzedo ST apt 501
Address

coral gables FL 33146
City/State and Zip Code

MASOUCHON@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ALESIA SOUCHON at (786) 4849958
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

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14 JUL 31 PM 2:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CR1E045 (03/12)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2014

MARIA A. SOUCHON
GRUPO ALENICAL CORP
2800 SW 60 COURT
MIAMI, FL 33155

SUBJECT: GRUPO ALENICAL CORP
Ref. Number: P11000076253

We have received your document for GRUPO ALENICAL CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 214A00005963

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Grupo Alenical Corp
2. The principal office address: 4100 SALZEDO ST apt 501
coral gables FL, 33146
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/26/2011 Document number: P11000076253
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)

Alex Ortiz
354 Sevilla Avenue
coral gables FL 33134-6615

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

MARIA ALESIA SOUCHON
4100 SALZEDO ST apt 501
P.O. Box NOT acceptable
coral gables FL, 33146

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.

MARIA
Signature of an officer or director

MARIA ALESIA SOUCHON
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.

MARIA
Signature of Registered Agent

07/28/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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