

PI10000076460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

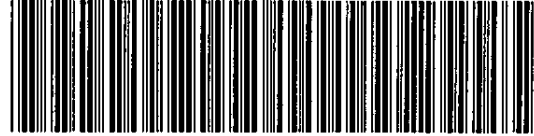
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700275839997

08/10/15--01016--017 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2015 AUG 10 PM 3:02

RA/RO/ch8

AUG 11 2015

ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Luines, Corp  
Name of Corporation

**DOCUMENT NUMBER:** P11000076460

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:

ISAAC Benmergui  
Name of Contact Person

1150 Kane Concourse  
Firm/Company

Second floor  
Address

Dang Harbor islands, Fl. 33154  
City/State and Zip Code

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

For further information concerning this matter, please call:

ISAAC Benmergui at (305) 397-8547  
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 617.1508, 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: LUINES, CORP.
2. The principal office address: 17501 Biscayne Blvd., Suite 400, Aventura, Fl. 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/26/11 Document number: P 110000 76460
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)

VACA-GUZMAN, Luis C

17501 Biscayne Blvd. #400

Aventura, Fl. 33160

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

LAW OFFICES OF ISAAC BENMERGIN, P.A.

1150 Kane concourse, 2nd Floor

P.O. Box NOT acceptable

Bay Harbor islands, Fl. 33154

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]  
Signature of an officer or director

Luis C. Vaca-Guzman  
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]  
Signature of Registered Agent

8/1/15  
Date

If signing on behalf of an entity:

ISAAC BENMERGIN  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 AUG 10 PM 3:02