P11000080127

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ZAHARA FINANCE OF FLORIDA, INC.

Name of Corporation

DOCUMENT NUMBER. P11000080127

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:

Gloria Pascual-Willinger

Name of Contact Person

YH&S Accounting & Financial Consultants

Firm/Company

2875 N.E. 191st Street, #302

Address

Aventura, Florida 33180

City/State and Zip Code

gpascual@yhsaccounting.com

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

For further information concerning this matter, please call:

Gloria Pascual-Willinger

,305 \935-416

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: ZAHARA FINANCE OF FLORIDA, INC.
2. The principal	office address: 2950 N.E. 188th Street, #211 Aventura, Florida 33180
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: September 9, 2011 Document number: P11000080127
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Corporate Maintenance Services, LLC
	1000 Brickell Avenue, #400
	Miami, Florida 33131
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	YH&S Accounting & Financial Consultants ريب المحالية الم
	2875 N.E. 191st Street, Suite 302 5 5
	P.O. Box NOT acceptable
	Aventura, Florida 33180
The street addr as changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
* //0	ERNANI DE SOUZA PINTO FILHO DIRECTOR Printed or typed name and title
I hereby/accep I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	gnature of Registered Agent Date
If signing on be	chalf of an entity:
	cual-Willinger
7	Cuped 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 * * *