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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 12 AMIN: 38

C. LEWIS NOV 1 8 2013 EXAMINER

. COVER LETTER

TO: Amendme Division o	nt Section f Corporations		
SUBJECT:	RALPH AV	/ILA CO.	
~ 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of	Corporation	
DOCUMENT NU	P110000	81213	
The enclosed State	ement of Change of Registered Off	fice/Agent and fee a	re submitted for filing.
Please return all co	orrespondence concerning this mat	tter to the following:	:
	-	l A. Avila	
-	Name of C	Contact Person	
	Ralph A	vila Co.	
	Firm/	Company	
	3954 Nort	thlake Blvd	d.
-	Ad	ddress	
	Palm Beach Ga	ardens, FL	. 33410
•	City/State	and Zip Code	
	ralphavila@	demail.cor	n
-	E-mail address: (to be used for		
	·	•	ŕ
For further inform	ation concerning this matter, pleas	e call:	
Rapl	nael A. Avila	_{at (} 305	, 216-4808
Na	me of Contact Person		& Daytime Telephone Numb
			•

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

•		-), or 617.1508, Florida Stat the laws of the State of Flo		
in order	r to change its re	egistered office or	registered agent,	or both, in the State of Flor	ida.	
1. The name of the corporation: Ralph Avila Co.						
2. The principal office address: 3954 Northlake Blvd.						
		Palm Beach	Gardens, F	L 33410		
3. The mailing ac	ddress (if differe	ent): Same				
4. Date of incorp	ooration/qualific	ation: 09/15/2	2011 _{Docu}	ment number: P11000	0081213	
		f the current regis If resigned, enter t		gistered office on file with t	he	
		Raphael	A. Avila			
		9646 Wo	lcott Pl.			
		Wellingto	n, FL 33414			
6. The name and (if changed):	street address o	f the new register	ed agent (if change	ed) and /or registered office	- <u> </u>	
	R	aphael A. Av	⁄ila		N 12	
•			ox NOT acceptable	22440	AM IO: 33 COF STAT EE. FLORE	
	P	aim Beach C	Sardens, FL	33410	AE VERN	
The street addre	ss of its register be identical.	ed office and the	street address of t	the business office of its re	gistered agent,	
Such change wa authorized by th	s authorized by ie board, or the	resolution duly a corporation has be	dopted by its boar een notified in wr	d of directors or by an offi iting of the change.	cer so	
	3	>-f-	Ra	phael A. Avila, Pre	:S	
I hereby accept I further agree t performance of agent. Or, if thi	to comply with t my duties, and i is document is b	he provisions of a l am familiar with eing filed merelv	il statutes relative and accept the o	act in this capacity. e to the proper and comple bligation of my position as e in the registered office a	registered	
		>H		10/08/2013		
Sign	nature of Registered A	igent		Date		
If signing on bel	half of an entity	: · ·				
	hael A. Avil					
1,3	yped 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 * * *