P11000/108713

| (Re | equestor's Name) | |
|-------------------------|----------------------|-------------|
| (Ac | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | <u>#</u>) |
| (Ci | ty/State/Zip/F110fie | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| · | • | , |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

MAY 2 5 2017 T. LEMIEUX



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Rivera Fence Corp

Name of Corporation

DOCUMENT NUMBER: P11000108713

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:

Jesus D. Rivera

Name of Contact Person

Rivera Fence Corp

Firm/Company

880 W 20 St

Address

Hialeah, Fl 33010

City/State and Zip Code

rivera.fence@yahoo.com

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

For further information concerning this matter, please call:

Jesus D. Rivera

_.,786 \302-2343

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

| 1 771 | the corporation: Rivera Fence Corp | • | |
|--|--|--|----------|
| 2. The principa | l office address: 880 W 20 St Hialea | ah, FI 33010 | |
| 3. The mailing | address (if different): | | |
| 4. Date of inco | poration/qualification: | | 3 |
| 5. The name an | d street address of the current registered agenutment of State: (If resigned, enter resigned) | | |
| | Yohandry Rivera (resigned) | | |
| | 880 W 20 St | | |
| | Hialeah, Fl 33010 | | |
| (if changed): | Mayra Alvarez Diaz 880 W 20 St P.O. Box NOT according to the new registered agent (| ptable P | |
| The street addr | ess of its registered office and the street add | ress of the business office of its registered ag | gent, |
| | as authorized by resolution duly adopted by he board, or the corporation has been notified | | |
| | | esus D. Rivera | _ |
| I hereby accept I further agree performance of | t the appointment as registered agent and a to comply with the provisions of all statutes f my duties, and I am familiar with and acce sis document is being filed merely to reflect that the corporation has been notified in w | Printed or typed name and title gree to act in this capacity. relative to the proper and complete pt the obligation of my position as registered a change in the registered office address, I riting of this change. | <i>†</i> |
| rQ | apa | 9-5-17 | _ |
| sq If signing on bo | gnature of Registered Agent chalf of an entity: | Date | |
| | | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)