## P1200005192

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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SIGN OF CORPORATIONS
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## **COVER LETTER**

TO:	TO: Amendment Section Division of Corporations							
SUBJ	ECT:	SD GUTIERREZ SERV						
DOC	DOCUMENT NUMBER: P12000005192							
	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all co	orrespondence concerning this matter to	the following:					
		SILVANIA GU Name of Contac	IERREZ it Person					
	SD GUTIERREZ SERVICES CORP Firm/Company							
<b>.,</b>	1765 CALAIS DRIVE APT 5							
Address  MIAMI BEACH, FL 33141  City/State and Zip Code								
	_	CARMENSILVA305@ E-mail address: (to be used for futu	YAHOO.COM re annual report notification)					
For fu	urther informa	ation concerning this matter, please call	:					
SILVANIA GUTIERREZ at (786) 486-236  Name of Contact Person Area Code & Daytime Telephone								
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	ange is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of FLORIDA			
The name of the corporation: SD GUTIERREZ SERVICES CORPORATION     The principal office address: 1765 CALAIS DRIVE #5, MIAMI BEACH, FL 33141							
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:	01/17/2012	Document number:	12000005192			
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)							
	MARY L MILLER						
	2201 NE 53RD ST	REET					
	FORT LAUDERDA	ALE, FL 33308		12 F			
FORT LAUDERDALE, FL 33308  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  SYLVANIA GUTIERREZ  1765 CALAIS DRIVE APT 5							
	SYLVANIA GUTIE	RREZ		PH 2			
	1765 CALAIS DRIVE APT 5						
	MIAMI BEACH FL	P.O. Box NOT ac	exceptable				
The street addr			dress of the business offic	e of its registered agent,			
Such change wanthorized by t	as authorized by resoluthe board, or the corpora	tion duly adopted b	y its board of directors or ied in writing of the chang	by an officer so			
Allow	leadle ire of an officer or director	<u> </u>	MARY LEE MIL Printed or typed nan	IES Accordant			
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle is been notified in writin	gistered agent and a visions of all statute ad accept the obliga ct a change in the r ag of this change.	agree to act in this capacit is relative to the proper ar ation of my position as reg registered office address, i	ty. id complete performance vistered agent. Or, if this I hereby confirm that the			
Allex	ulle		2/20/2012	<b></b>			
	gnature of Registered Agent ehalf of an entity:		Date				
	Typed or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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