P120000 15580

Office Use Only



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08/03/20--01017--019 **35.00

FILED
2020 AUG -3 AM 10: 10
SECRETARY OF STATE

Ja on/24/20

COVER LETTER

TO: Amendment Section . Division of Corporations
SUBJECT: A. & L. Lines Corp. Name of Corporation
DOCUMENT NUMBER: PIZ 000015580
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:
Lucia Juliana Tobon Name of Contact Person John Jane Jane 1970 Firm/Company 2423 200 147 to Sile 184 Address Mismi #1 33185 City/State and Zip Code elinescorp Dameil.com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alvaro Londono at (305) 515 85 85 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:

Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pr statement of chang	ge is submitted	for a corpe	oration org	anized	under the la	aws of the	State of _		this	_
1. The name of the	to change its re		•			oth, in the	State of F	lorida.		
2. The principal o						Mia	mi Ħ	331	85.	
3. The mailing add	dress (if differe	nt):								
4. Date of incorpo	ration/qualifica	ntion:	12.20	13	Document	number:	P120	<u> </u>	155	. % ⊂
5. The name and s Florida Departn					and register	red office	on file wit	h the		
_	Totoón.	Locie	ال لـــــــــــــــــــــــــــــــــــ	<u>an</u> e	*					
_	2423	5W 1	47 Av	#18	1 7	Micmi	# 331	17. 03.50 18.00	2020	
6. The name and s (if changed):	street address o					nd /or reg	istered offi	RETARY OF S	2020 AUG -3 AM 10:	
_	24236					F1 331	₹ 5.	; FL	0: 10	
_			P.O. I	Box NOT	acceptable					
The street address as changed will b	s of its register e identical.	ed office a	nd the stre	et addr	ess of the b	usiness c	office of its	registe	ered ag	gent,
Such change was authorized by the	authorized by board, or the	resolution corporation	duly adopt has been	ted by i	ts board of I in writing	directors of the ch	s or by an onange.	officer	so	
コードュ	ne 1-	o-ne-bov	<i>70</i>		Loca	ادل م	liana	Todoo!	٦٢.	
Signature I hereby accept the I further agree to of my duties, and document is being corporation has be	of an officer or dire he appointmen comply with the I am familiar g filed merely i been notified in	t as registe he provisio with and a to reflect a	red agent ons of all st coept the o change in this chang	and agi atutes i bligation the reg		,,,	name and title acity. r and com registered ss, I hereb		erform Or, ij m tha	ance f this t the
Signa	ure of Registered A	gent			7.29	8.202 Da			_	
If signing on beha	alf of an entity	:								
Alvano L										
Тур	ed or Printed Name	* * *	FILING I	FEE: S	35.00 * * *	,				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)