P12000017050

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200276834482

200276834482 09/09/15--01016--012 **35.00

15 SFP -9 MM 8: 20

SEP 1 5 2015 C MCNAIR

COVER LETTER

, r

TO: Amendment Section Division of Corporations
SUBJECT: JIRCH MEGO BUILDERS & STRUCTURES.INC Name of Corporation
DOCUMENT NUMBER: P 12000 17050
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:
Torge A. Voldsaver. Name of Sontact Person Pinn/Empany 13876 SW 56 ST #332 Address MIMMI M 33175 City/State and Zip Code TUELAS GUEZ 203 @ CM1, L. com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sorce Velasous at (786) 398 3358 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

	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this		
	statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.		
	1. The name of the corporation: I IRCH MEGA BUILDERS & STRUCTURES . INC		
	2. The principal office address: 13876 SW 56 ST SUITE 332		
	MIGNI R 33175		
	3. The mailing address (if different):		
	4. Date of incorporation/qualification: 02/20/2012 Document number: P/2000017050		
	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)		
	SORGE A VELSSONE A SA TI		
	13375 SW 57 TERRA 123		
	M11 m Pl 37183		
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	JORGE A. VELASQUES.		
CAPNGE CAPNGE	* > 13676 SW 56 ST # 332 P.O. Box NOT acceptable		
	MIBMI R 33175		
	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
	SOFFE VELASONET PRESIDENTE.		
	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.		
	Signature of Registered Agent Date		
	If signing on behalf of an entity:		
	Sorce Volasover. Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * *		

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

CR2E045 (03/12)