P120000 21204

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: | DURAN CONSULTIN | NG ENGINEERS | | |
|-------------------------------|----------------------------|---------------------|--------------------------------------------|--|
| SOBULCT. | Name of C | Corporation | | |
| DOCUMENT NUMBER:_ | P12000021 | 204 | | |
| The enclosed Statement of C | Change of Registered Offic | ce/Agent and fee a | are submitted for filing. | |
| Please return all corresponde | ence concerning this matte | er to the following | ;; | |
| | | | | |
| | LEONARDO | | | |
| | Name of Co | ontact Person | | |
| | DURAN CONSUL | | ERS | |
| | Firm/C | ompany | | |
| 233 NW 85th Court | | | | |
| | Ado | Iress | | |
| | MIAMI, FL | | | |
| City/State and Zip Code | | | | |
| | Leonardo@Durar | | | |
| E-mail a | address: (to be used for | future annual rep | ort notification) | |
| | | | | |
| For further information cond | erning this matter, please | call: | | |
| CIBELES | DURAN | at (305 | v 992 - 2194 | |
| Name of Cor | | Area Code |) 992 - 2194 & Daytime Telephone Number | |
| r July Cae oo July | | A F. C 4 - | | |
| Enclosed is a \$35.00 check i | nade payable to the Depai | riment of State. | | |
| Mai | iling Address: | Street | Address: | |
| Am | endment Section | Amen | dment Section | |
| | rision of Corporations | | on of Corporations | |
| |). Box 6327 | | n Building | |
| Tal | lahassee. FL 32314 | 2661 1 | 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 statement of change is submitted for a | corporation organized under the | laws of the State of F | LORIDA |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------|
| | red office or registered agent, or b DURAN CONSULTING ENG | | nda. |
| The name of the corporation: The principal office address: | 233 NW 85th Court, Miam | - | his changed |
| 3. The mailing address (if different): | (same) | | |
| 4. Date of incorporation/qualification: | 03/01/2012 Documen | nt number: P12000 | 021204 |
| 5. The name and street address of the of Florida Department of State: (If resi | | ered office on file with t | the |
| CIBELES | DURAN | | |
| 233 NW 8 | 5 Court | | |
| Miami, FL | . 33126 | 29 | |
| 6. The name and street address of the tall (if changed): | new registered agent (if changed) | and /or registered office | |
| LEONARD | O DURAN | <u> </u> | |
| 233 NW 8 | 5 Court P.O. Box NOT acceptable | 0000 FT | |
| Miami, FL | | | |
| The street address of its registered of as changed will be identical. | fice and the street address of the | business office of its re | gistered agent |
| Such change was authorized by resoluthorized by the board, or the corpo | ution duly adopted by its board o ration has been notified in writin | f directors or by an offi g of the change. | icer so |
| - Leel | | ardo Duran, Preside | nt |
| I hereby accept the appointment as re I further agree to comply with the pro- performance of my duties, and I am fa agent. Or, if this document is being f hereby confirm that the corporation is | egistered agent and agree to act i ovisions of all statutes relative to amiliar with and accept the oblig filed merely to reflect a change in | tation of my position as I the registered office a | registerea – |
| - Marin | ~ | 07/09/2019 | |
| Signature of Registered Agent | | Date | |
| If signing on behalf of an entity: | | | |
| 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 * * *