

P120000037482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

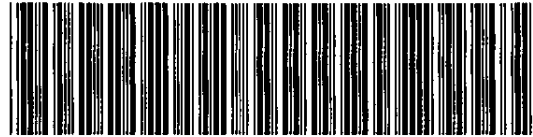
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900238374479

RA
Change

08/20/12--01021--021 **35.00

FILED
2012 AUG 20 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DR
8/21/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAN GABRIEL II, CORP

Name of Corporation

DOCUMENT NUMBER: P12000037482

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:

LEONARDO LEPIANE

Name of Contact Person

LDL CONSULTANTS LLC

Firm/Company

555 NE 34 ST #1107

Address

MIAMI, FL 33137

City/State and Zip Code

LLEPIANE@GMAIL.COM

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

For further information concerning this matter, please call:

LEONARDO LEPIANE

Name of Contact Person

at (305) 301-7180

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SAN GABRIEL II, CORP
2. The principal office address: 5445 COLLINS AVE #1516
MIAMI BEACH, FL 33140
3. The mailing address (if different): 555 NE 34 ST #1107
MIAMI, FL 33137
4. Date of incorporation/qualification: 4/20/12 Document number: P12000037482
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)

GUILLERMO F ALBORNOZ

5445 COLLINS AVE #1516

MIAMI BEACH, FL 33140

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LDL CONSULTANTS LLC

555 NE 34 ST #1107

P.O. Box NOT acceptable

MIAMI, FL 33137

FILED
2012 AUG 20 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Signature of an officer or director

Printed or typed name and title

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:

LEONARDO LEPIANE

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)