P1200052273

) A - J - M N	
(R	(equestor's Name	
	•	<u> </u>
(A	ddress)	
(Address)		
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name	e)
		-,
<u> </u>	Document Number)	
(L	ocument number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filing Officer:		
	,	
		·

Office Use Only



200241477772

11/05/12--01025--021 **35.00



B

NOV 8 2012

C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
P12000052273

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:

Jairo Leon

Name of Contact Person

Engineering & Trade Inc

Firm/Company

5701 NW 112th Ct

Address

Doral, Florida 33178

City/State and Zip Code

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

For further information concerning this matter, please call:

Jairo Leon

_____ 2

318-5710

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

CR2E045 (03/12)

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

4	•	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida	
		registered agent, or both, in the State of Florida.	
1. The name of the cor	•		
2. The principal office	address: 3500 Washing	pton Street Apt 103	
	Hollywood, FI	33021	
3. The mailing address	(if different):		
A 10 4 - 6'	/:a :: 06/08/20	12 Document number: P12000052273	
-		44	
Florida Department	of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
Juai	n Leiva	WOW.	
350	3500 Washington Street Apt 103		
Holi	Hollywood, FI 33021		
6. The name and street (if changed):	address of the new registere	d agent (if changed) and /or registered office	
<u>Jua</u> ı	n Leiva		
350	0 Washington Street	Apt 103	
Holi	Р.О. Бо ywood, Fl 33021	x NOT acceptable	
The street address of i	ts registered office and the s	street address of the business office of its registered agent,	
Such change was auth authorized by the boar	orized by resolution duly ad d, of the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	
	Direct or director	Juan Leiva - P	
I hereby accept the ap I further agree to com performance of my du	pointment as registered age ply with the provisions of al- ties, and I am familiar with a	Printed or typed name and title Int and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fled in writing of this change.	
Juan	1 / S.	10/15/2012	
Signature of	Kogiskered Agent	Date	
If signing on behalf of	an entity:		
Juan Leiva			
1 yped or P	rinted Name		

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