

P120000 54649

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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

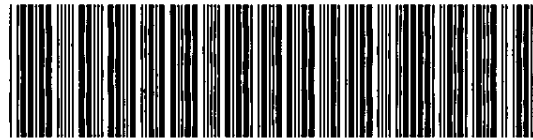
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA  
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Rs/Ro Change

NOV 18 2014  
T. CARTER

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLAK AMERICA INC  
Name of Corporation

DOCUMENT NUMBER: P 12000054649.

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:

PABLO O. SIMONATTO  
Name of Contact Person

FLAK AMERICA INC  
Firm/Company

20815 NE 16TH AVE. B-23  
Address

MIAMI, FL 33179.  
City/State and Zip Code

PABLOSIMONATTO@CACICS.V.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO SIMONATTO at (786.) 320-6811  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2014

PABLO O. SIMONATTO  
FLAK AMERICA INC  
20815 NE 16 AVE., B23  
MIAMI, FL 33179 US

\*\*\*\*\*2ND MAILING\*\*\*\*\*

SUBJECT: FLAK AMERICA, INC.  
Ref. Number: P12000054649

We have received your document for FLAK AMERICA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 214A00019966

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: FLAK AMERICA, INC.  
2. The principal office address: 20815 NE 16<sup>th</sup>, SUITE B23  
MIAMI, FL 33179.  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/18/2012 Document number: P12000054649

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)

ALDO JAVIER LIMALDO  
20815 NE 16<sup>th</sup> AVE - SUITE B23  
MIAMI, FL 33179.

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

PABLO OMAR SIMONATTO  
20815 NE 16<sup>th</sup> AVE - SUITE B23  
MIAMI, FL 33179.

P.O. Box NOT acceptable

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

PABLO SIMONATTO  
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

08/27/2014.  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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