

7/2000063703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

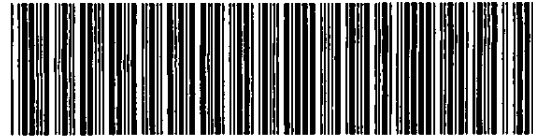
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TALLAHASSEE, FLORIDA

RA change
4.18.13
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE THREE LUMAS . INC
Name of Corporation

DOCUMENT NUMBER: P12000063003

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:

ARACELY GARCIA
Name of Contact Person

THE THREE LUMAS INC
Firm/Company

1101 NE 45T
Address

HALLANDALE FL 33009
City/State and Zip Code

ama 96 @ MSN . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARACELY GARCIA at 305) 333 7450
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

April 5, 2013

ARACELY GARCIA
THE THREE LUMAS, INC.
1101 NE 4TH STREET
TALLAHASSEE, FL 33009

SUBJECT: THE THREE LUNAS, INC.
Ref. Number: P12000063703

We have received your document for THE THREE LUNAS, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 413A00008053

RECEIVED
13 APR 18 AM 9:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: The Three Lunas INC
2. The principal office address: 1101 NE 4th Hallandale FL
33009
3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 20, 2012 Document number: P12000063703

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)

Corporation Service Company
1201 HAYS ST
Tallahassee, FL 32301

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

Real Synergy, INC.
2736 SW 137 AVE
Miami FL 33175

P.O. Box NOT acceptable

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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]
Signature of an officer or director

ARACELY GARCIA
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.

Angela Guillen
Signature of Registered Agent

Angela Guillen
Date

If signing on behalf of an entity:

Typed or Printed Name

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