

P120000068246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cantillo Group Inc

Name of Corporation

DOCUMENT NUMBER: P 12000068246

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:

Martha Riquer

Name of Contact Person

Cantillo Group Inc

Firm/Company

2451 NW 195 Avenue

Address

Pembroke pines FL 33029

City/State and Zip Code

cantillo63@gmail.com

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

For further information concerning this matter, please call:

Martha Riquer

Name of Contact Person

at (954) 668-1266

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

1. The name of the corporation: Cantillo Group Inc
2. The principal office address: 2451 NW 195 Avenue Pembroke pines FL 33029
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: _____ Document number: P12DDDD68246

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)

Jose Riquer

2451 NW 195 Avenue Pembroke pines FL33029

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

Martha Riquer

2451 NW 195 Avenue Pembroke pines FL 33029

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.

Riquer
Signature of an officer or director

President
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.

Riquer
Signature of Registered Agent

Feb 10 2016
Date

If signing on behalf of an entity:

Martha Riquer
Typed or Printed Name

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

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STATE
SECRETARY OF
DIVISION OF CORPORATIONS
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