## P1200099384

(D	questor's Name)	
(Rec	questor's ivame)	
(Address)		
(Address)		
( .2.	,	
(City/State/Zip/Phone #)		
_	<u></u>	
PICK-UP	☐ WAIT	☐ MAIL
	•	
(Business Entity Name)		
(Dus	siness Enuty Nami	e)
(Document Number)		
Certified Copies	Certificates	of Status
,	•	
Special Instructions to Filing Officer:		
÷	Office Use Only	,



400263735694

09/08/14--01004--028 \*\*35.00

RAMA

2014 SEP -8 PM 3: 48
SECTION OF STATE
DALLAHASSEE, FLORIDA

9/12/14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: GUISVEN INTERNATIONAL FIRM INC

DOCUMENT NUMBER: P12000099384

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:

JOSE R. LOPEZ

Name of Contact Person

GUISVEN INTERNATIONAL FIRM INC

Firm/Company

3032 SW 129TH TERRACE

Address

MIRAMAR, FL 33027

City/State and Zip Code

guisvenusa@gmail.com

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

For further information concerning this matter, please call:

JOSE R. LOPEZ

<sub>ar</sub> / 86

397-1570

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

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organization order to change its registered office or register.	zed under the laws of the State of FLORIDA
1. The name of the corporation: GUISVEN INTERN	EDDACE
2. The principal office address: 3032 SW 129TH T MIRAMAR FL 33027	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/05/2012	
5. The name and street address of the current registered at Florida Department of State: (If resigned, enter resigned	d)
3901 NW 79 AVE	A
MIAMI FL 33166	SEP - FI
	-8 P
6. The name and street address of the new registered agen (if changed):	
3032 SW 129TH TERRACE	——————————————————————————————————————
MIRAMAR FL 33027	
P O Box NOT	acceptable
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
•	JOSE R. LOPEZ / PRESIDENT
Signature of an officer or director  I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflechereby confirm that the corporation has been notified in	Printed or typed name and title I agree to act in this capacity ttes relative to the proper and complete except the obligation of my position as registered ext a change in the registered office address, I writing of this change.
	09/03/2014
Signature of Registered Agent	Date
If signing on behalf of an entity:	
JOSE R. LOPEZ	
Typed or Printed Name * * * FILING FE	E: \$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)