

P130000052613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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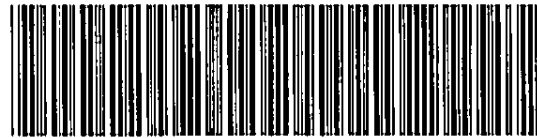
(Business Entity Name)

(Document Number)

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18 MAY 21 PM 2:29
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lo Mejor del Caribe Inc.
Name of Corporation

DOCUMENT NUMBER: P13000052613

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:

Idarmis Sancillena
Name of Contact Person

Lo Mejor Del Caribe Inc.
Firm Company

751 Sw 64 PKWY
Address

Pembroke Pines FL 33023
City, State and Zip Code

Idarmisleonor@gmail.com

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

For further information concerning this matter, please call:

Jorge Alberto Alvarez 786 381-2479
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 32304

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: Lo Mejor Del Caribe Inc.
2. The principal office address: 1099 East 23th ST, Hialeah FL, 33013

3. The mailing address (if different): 1099 East 23th ST, Hialeah FL, 33013

4. Date of incorporation/qualification: 06/18/2013 Document number: P13000052613

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)
Idarmis Leonor Sancillena (RESIGNED)
751 Sw 64 PKWY, Pembroke Pines FL, 33023

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jorge Alberto Alvarez
3773 East 10th Ave Hialeah FL, 33013
P.O. Box NOT acceptable

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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 Idarmis L. Sancillena Printed or traced name and title president

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]
Signature of Registered Agent

05/15/2018

Date

If signing on behalf of an entity

Jorge A Alvarez
Printed or Traced 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