

P 130000 77342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

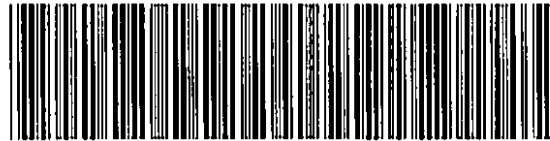
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 18 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOOLS CENTER CA INC

Name of Corporation

DOCUMENT NUMBER: P13000077342

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:

ZAMBRANO ALFREDO

Name of Contact Person

TOOLS CENTER CA INC

Firm/Company

6288 NW 186TH STREET APT 110

Address

HIALEAH FL 33015

City/State and Zip Code

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

For further information concerning this matter, please call:

ZAMBRANO ALFREDO

Name of Contact Person

7866035408

at ()

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

RECEIVED
17 JUL 14 PM 4:10

June 19, 2017

ZAMBRANO ALFREDO
6288 NW 186TH STREET
APT. 110
HIALEAH, FL 33015

SUBJECT: TOOLS CENTER CA INC
Ref. Number: P13000077342

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

Please correct the name of the city for the principal office and the registered agents address.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 517A00012383

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

1. The name of the corporation: TOOLS CENTER CA INC
2. The principal office address: 6288 NW 186TH STREET APT 110
HIALEAH FL 33015
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/19/2013 Document number: P13000077342

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)

JP GLOBAL BUSINESS SOLUTIONS INC

7325 NW 36TH ST

MIAMI FL 33166 US

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

NEIRA ZAMBRANO

6288 NW 186TH STREET APT 110

P.O. Box NOT acceptable

HIALEAH FL 33015

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.

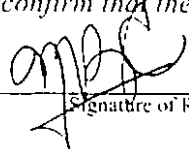


Signature of an officer or director

Alfredo Zambrano

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

07/07/2017

Date

If signing on behalf of an entity:

Neira Zambrano

(Typed or Printed Name)

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