P1300085237

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300304849163

10/27/17--01014--011 **35.00

PICT 27 P IZ SE

GCT 3 1 2017. T. LEMHEUX MO

COVER LETTER

CR2E045 (03/12)

TO: Amendment Section Division of Corporations		
SUBJECT: MICHAEL ANGELO GEOUP OF MIAMI, CORT		
DOCUMENT NUMBER: P130000 85237		
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:		
Name of Contact Person		
MICHAELANGELO GROUP OF MIAMI, CORP		
16135 SW 61ST LN Address		
MIAMI, I-LORIDA. 33 193 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (305) 915 2172 Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MICHAELANGELO TOROUP OF MIAM!, CORE
2. The principal office address: 161.35 SW 61 ST LN
MIAMI FL 33193
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{10}{10}$ / $\frac{2013}{2013}$ Document number: $\frac{200008593}{200008593}$
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)
MIGUEL A. RODRIGUEZ SR
16135 SW 6157 LN
MIAMI, FC. 33193
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LILIA M. TSUI
16135 SW 6(ST LN P.O. Box NOT acceptable
MIAMI FL 33193
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.
MIGUEL ROSE Sc. 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.
LICIA M. Telea Muy October, 23, 2017 Signature of Registered Agent Date
If signing on behalf of an entity:
LILIA M. TSUI Typed or Printed 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 03/12)