

P14000039189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000261298820

08/18/14--01046--007 \*\*35.00

14 AUG 18 PM 12:35

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA/RO Change

AUG 22 2014

T. CARTER

AUG 22 2014

T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **BLANCA MARGARITA CORPORATION**

Name of Corporation

**DOCUMENT NUMBER:** **P14000039189**

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:

**LAZARO RODRIGUEZ DE LA TORRE**

Name of Contact Person

**BLANCA MARGARITA CORPORATION**

Firm/Company

**5439 CONTINA AVE**

Address

**JACKSONVILLE - FLORIDA 32277**

City/State and Zip Code

**LAZARO1969DLT@YAHOO.COM**

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

For further information concerning this matter, please call:

**LAZARO RODRIGUEZ DE LA TORRE** at **904** **236-0669**

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, 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: BLANCA MARGARITA CORPORATION
2. The principal office address: 3501 TOWNSEND BLVD APT#198  
JACKSONVILLE - FLORIDA 32277
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: MAY 1, 2014 Document number: P14000039189
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)

5439 CONTINA AVE

JACKSONVILLE - FLORIDA 32277

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

3501 TOWNSEND BLVD APT#198

JACKSONVILLE - FLORIDA 32277

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.

\_\_\_\_\_  
Signature of an officer or director

LAZARO RODRIGUEZ DE LA TORRE, 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.*

\_\_\_\_\_  
Signature of Registered Agent

JULY 31, 2014

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Lazaro Rodriguez de la Torre  
\_\_\_\_\_  
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

CR2E045 (03/12)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 AUG 18 PM 12:35