## 714000044280

| (Requestor's Name)                      |                |      |  |  |
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| (Ad                                     | ldress)        |      |  |  |
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| (Ad                                     | ldress)        |      |  |  |
| (/10                                    | idie33)        |      |  |  |
|   |                |      |  |  |
| (City/State/Zip/Phone #)                |                |      |  |  |
| _                                       | _              |      |  |  |
| ☐ PICK-UP                               | ☐ WAIT         | MAIL |  |  |
|   |                |      |  |  |
| (Business Entity Name)                  |                |      |  |  |
|   | •              | •    |  |  |
| (D-                                     |                |      |  |  |
| (DC                                     | cument Number) |      |  |  |
|   |                |      |  |  |
| Certified Copies Certificates of Status |                |      |  |  |
|   |                |      |  |  |
| Special Instructions to                 | Filing Officer |      |  |  |
| Special Instructions to Filing Officer: |                |      |  |  |
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C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: LA ESPIRITUANA TRAVEL & TAX SERVICES, INC

Name of Corporation

DOCUMENT NUMBER: P14000044280

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:

## YORDANSY REYES

Name of Contact Person

LA ESPIRITUANA TRAVEL & TAX SERVICES, INC

Firm/Company

7658 BRISTOL CIRCLE

Address

NAPLES, FLORIDA 34120

City/State and Zip Code

YORDANSYR22@HOTMAIL.COM

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

For further information concerning this matter, please call:

YORDANSY REYES

,,239

253-9578

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

| statement of ch                                       | e provisions of sections 607.0502, 617.050<br>ange is submitted for a corporation organ<br>er to change its registered office or registe   | ized under the laws of the State   | of FLORIDA                                    |
|---|--|--|---|
| 1. The name of  | the corporation: LA ESPIRITUANA  | TRAVEL & TAX SER   | VICES, INC                                    |
|   | l office address: 12425 COLLIER B  |  |   |
|   | NAPLES, FLORID   | A 34116  |   |
| 3. The mailing  | address (if different): 7658 BRISTOL   | CIRCLE   |   |
|   | NAPLES, FLO  | RIDA 34120   |   |
| 4. Date of incor                                      | rporation/qualification: MAY 16, 201   | 4 Document number: P14   | 1000044280                                    |
|   | d street address of the current registered a artment of State: (If resigned, enter resigned  |  | e with the                                    |
|   |  |  |   |
|   | 4449 20TH AVE SW NAPLE   | S FL 34116   | <del></del>                                   |
|   |  |  |   |
| 6. The name an (if changed):                          | d street address of the new registered ager  | nt (if changed) and /or registered   | d office                                      |
|   | 7658 BRISTOL CIRCLE  |  |   |
|   | P.O. Box NOT NAPLES, FLORIDA 34120   | acceptable   |   |
| The street addr<br>as changed wil                     | ess of its registered office and the street all be identical.  | address of the business office of  | of its registered agent,                      |
| Such change wauthorized by t                          | as authorized by resolution duly adopted<br>he board, or the corporation has been not  | by its board of directors or by ified in writing of the change.  | an officer so                                 |
|   | mush   | YORDANSY REYES   |   |
| I further agree<br>performance of<br>agent. Or. if th | t the appointment as registered agent and to comply with the provisions of all state from the provisions of all state from the provisions of all state from duties, and I am familiar with and a sis document is being filed merely to reflect that the corporation has been notified in | ites relative to the proper and c<br>ccept the obligation of my posi<br>ect a change in the registered o | complete Contion as registered office address |
| Sig   | gnature(n)/Reg/siered Agent  | 09/20/2014   | TR WEST                                       |
| If signing on be                                      | chall of an entity:  |  | 1: 20<br>5 (10)                               |
| YORDANS   | Y REYES  |  | <b>73.</b>                                    |
|   | vned or Printed Name   |  |   |

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