## P14000053473

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

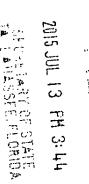




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JUL 1 5 2014 C. CARROTHERS



## **COVER LETTER**

Division of Corporations		
SUBJECT: HERNANDEZ Soberon REALTY INC. Name of Corporation		
DOCUMENT NUMBER: P14000053473		
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:		
STEPHANTE Heavendez Name of Contact Person		
Hernandez Soberon Realty, Inc		
3496 JONIPER LONE		
Davie Flonida 33330 eity/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Man Low Henrich at (954) 448 - 3647 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  Street Address:  Amendment Section  Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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.
1. The name of the corporation: Hernonder SOBERON REALTY INC
2. The principal office address: 680 North University Drive
Pembroke Pines, Hlorida 33024.
3. The mailing address (if different): Seme as above.
4. Date of incorporation/qualification: 6/19/2014 Document number: P14000053473
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)
CORPORATION SERVICE COMPONY
1201 Hays Street
Tallahassee, Florida 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
STEPHANTE HERNONDEZ  3496 JUNIDER Lone  BORN NOT RECEMBBE
3496 Juniper Lone P.O. Box NOT acceptable
Davie, Floride 33330
The street address of its registered office and the street address of the business office of its registered agentas 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.
Marion Herwardez  Frinted 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.
* Alphania Hemandy 7/8/15 Signature of Registered Agent 7/8/15
If signing on behalf of an entity:
STEPHANIE Hennendez. Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)