## P14000095480

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: ANTONIO CRISTOBAL, PA

Name of Corporation

DOCUMENT NUMBERS

P14000095480

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:

JORGE GONZALEZ

Name of Contact Person

GONZALEZ & CO, CPA PA

Firm/Company

2655 S LE JEUNE ROAD SUITE 526

Address

**CORAL GABLES FL 33134** 

City/State and Zip Code

tony@resf.com

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

For further information concerning this matter, please call:

JORGE GONZALEZ

,305

900-3333

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 cha	inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florid on organized under the laws of the State or registered agent, or both, in the State o	of FLORIDA	
	the corporation: ANTONIO C		oj rioriaa.	
2. The principal	office address: 820 NW 87th	n Avenue, Apt. 415, Miami, Fl	_ 33172	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: Nov. 24	1, 2014 Document number: P14	000095480	
5. The name and		istered agent and registered office on file	with the	
	FRANK MARTINEZ PA			
	4770 BISCAYNE BLVD, SUITE 900			
	MIAMI, FL 33137		<b>一直</b> 変 <b>ラ</b>	
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered	5 OCT 12	
	ANTONIO CRISTOBAL	-	_ 2 3	
820 NW 87th Avenue, Apt. 415			_ = =	
	Miami, FL 33172	Box NOT acceptable		
The street addre	ess of its registered office and the be identical.	e street address of the business office o	f its registered agent,	
		adopted by its board of directors or by a been notified in writing of the change.		
alum	& Countil	ANTONIO CRISTOBA		
I hereby accept I further agree i	to comply with the provisions of a my duties, and I am familiar wit	Printed or typed name and gent and agree to act in this capacity. all statutes relative to the proper and ch and accept the obligation of my posity to reflect a change in the registered of of this change.	omplete ion as registered	
Chiland	putil	OCT. 9, 2015		
	nature of Regist fed Agent  half of an entity:	Date		
	•			
T	yped or Printed Name	-		

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