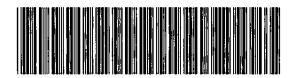
## P1400101934

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## **COVER LETTER**

Division of Corporations
SUBJECT: MR. RODRIGUEC ENTERPRISE INC.  Name of Corporation
DOCUMENT NUMBER: \$1400010934
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
MR. RODNECC ENTOKPRISE
Firm/Company V
217 N.E. 3RD 5T.
BOUNTON BEACH Fl. 33455
E-mail address: (to be used for future annual report notification)
2 man address, (to be asserted to the amount of the months and the second of the secon
For further information concerning this matter, please call:
MAURICIO CODRIGUET  at (561) 737-7506  Area Code & Daytime Telephone Number
Name of Confact Person Area Code & Daytine 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

TO:

**Amendment Section** 

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MR. ROSPIGUEG ENTENPARE TAC.
2. The principal office address: 2/7 N.E. End ST. BOYATON BETCH
71. 33435
3. The mailing address (if different):
4. Date of incorporation/qualification: 12-26-2014 Document number: 1900101934  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)
rionda Department of State: (If resigned, enter resigned)
- CT S PINANCAE C) 1000 MC
1100 S. FEDERAL HUY
BOYNTON BEACH FI 33435
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MAURICIO KODRIGUEZ
217 N.E. 3Nd STI
P.O. Box NOT acceptable  STATE STATE STATE  STATE STATE  STATE STATE  STATE STATE  STA
POGNION BENCA 7 1. JUST 3
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 arrothicer or director  MAUNICIO RONGOS AWAR / NES.  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.
Oct 12-2015
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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