

P15000011844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

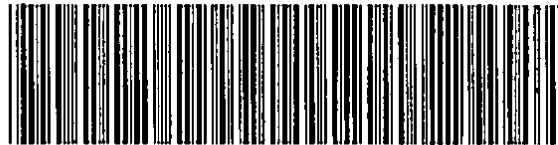
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. LEMIEUX

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ostuno Flooring Inc.  
Name of Corporation

DOCUMENT NUMBER: P15000011844

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:

Espectacion Ostuno-Aviles  
Name of Contact Person

Ostuno Flooring Inc.  
Firm/Company

6537 Mesitmoos circle  
Address

Ostunlo Florida 32818  
City/State and Zip Code

OstunoFlooringInc33@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Espectacion Ostuno at (321) 279-5591  
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: Ortuno Flooring inc.
2. The principal office address: 2213 Weston Blvd  
Orlando FL 32810 Apt #1114
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/05/2015 Document number: P15000011844

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)

2213 Lake Weston Dr.  
Orlando Florida 32810  
Old Address

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

6537 Mesitmoor circle  
Orlando Florida 32818  
P.O. Box NOT acceptable  
New Address

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]  
Signature of an officer or director

Espectacion Ortuno  
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]  
Signature of Registered Agent

07/27/17  
Date

If signing on behalf of an entity:

Espectacion Ortuno-Aviles  
Typed or Printed Name

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