P15600035019

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SECRETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: RONDAN ENTERPRISE MR FAC			
Name of Corporation			
DOCUMENT NUMBER: P1500035019			
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:			
Michael Downer Name of Contact Person			
RONDAH ENTERPRISE MR INC			
3856 M UNIVERSITY DR. Address			
SUNRISE FL 33351 City/State and Zip Code			
Vintagwingano Slontsbar & Gmail E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael Downer at (954) 226-7753 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 Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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 The Quite in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RONDAN ENTER PRISE MR INC
2. The principal office address: 356 NW 87 RD
PLANTATION, FL 33324
3. The mailing address (if different): 3856 N UNIVERSITY Dr.
SUNRISE, 7L 33351
4. Date of incorporation/qualification: H-17-15 Document number: P15000035019
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)
ANDRES RONDAN
356 NW 87 RD
PLANTATION, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MICHAEL DOWNER IT I
3856 NUNIVERSITY DR. P.O. Box NOT acceptable
SUNRISE FL 33351
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 an officer or director Michael Downer Protector 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 of Registered Agent Date
If signing on behalf of an entity:
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 * * *