

P/5000049184

(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. LEMMEUX

JUN 07 2017

20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **596WAYUU CORPORATION**

Name of Corporation

DOCUMENT NUMBER: **P15000049184**

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:

FEDERICO G LUZARDO

Name of Contact Person

PTE

Firm/Company

8541 SW 15 CT

Address

DAVIE, FL 33324

City/State and Zip Code

wayuu.corporationc@gmail.com

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

For further information concerning this matter, please call:

FEDERICO G LUZARDO

Name of Contact Person

at **305 6915966**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2017

FEDERICKO G LUZARDO
8541SW 15 CT
DAVIE, FL 33324

SUBJECT: WAYUU CORPORATION
Ref. Number: P15000049184

We have received your document for WAYUU CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order for us to change the registered agent you must first give the information in section 5 and section 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 317A00010036

RECEIVED

17 JUN -5 PM 4:44

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: WAYUU CORPORATION
2. The principal office address: 8541 SW 15 CT , DAVIE FL 33324
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June/03/15 Document number: P15000049184
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)

Federico G. Luzzardo
1576 NW 82th Avenue
Miami, FL 33126

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

Federico G. Luzzardo
8541 SW 15ct, Davie FL 33324
P.O. Box NOT acceptable

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.

Federico Luzzardo
Signature of an officer or director

FEDERICO LUZZARDO
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

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

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

CR2E045 (03/12)

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SECRETARY OF STATE