## P15000072193

(Re	questor's Name)	
(Ad	dress)	
<b>(</b>		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
,		•
☐ PICK-UP	☐ WAIT	MAIL
	Ш	
(Bu	siness Entity Nar	ne)
(D-	cument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	1	





500291361455

10/25/16--01020--022 \*\*35.00

SECTION OF STATE

,//,5 or

## **COVER LETTER**

TO: Amendm Division	ent Section of Corporations			
1LD SUBJECT:	, INC.			
SOBJECT	Name of Co	orporation		
	P15000072193			
DOCUMENT N	UMBER:			
The enclosed Sta	tement of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all	correspondence concerning this matter	r to the following:		
	FRANK NERI			
	Name of Cor	ntact Person		
	1LD, INC.			
	Firm/Co	ompany		
	92 SW 3RD STREET # 3004			
	Add	ress		
MIAMI, FL 33130				
	City/State ar	nd Zip Code		
frank.neri@acatelecom.net				
	E-mail address: (to be used for f	uture annual report notification)		
For further infor	mation concerning this matter, please	call·		
Frank Neri	matter, please	786 417-9083		
N	ame of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35	5.00 check made payable to the Depar	tment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		



Division of Corporations

October 28, 2016

FRANK NERI 92 SW 3D STREET #3004 MIAMI, FL 33130

SUBJECT: 1LD, INC.

Ref. Number: P15000072193

We have received your document for 1LD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are changing any info about the Registered Agent, please fill out line #6 of your form.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 316A00023254

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this page 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.
<ol> <li>The name of the control of the principal of the control of the contr</li></ol>	92 SW 3RD STREET # 3004 MIAMLEL 331862
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 2/21/2015 Document number: P15000072193
5. The name and	street address of the current registered agent and registered office on file with the treet of State: (If resigned, enter resigned)  FRANK NERI
	92 SW 3RD STREET # 3004
	MIAMI, FL 33130
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  Frank Men  92 Sw 3rd Street #3004  P.O. Box NOT acceptable  Milmi, FL 33130
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.  FRANK NERI (S)  Printed or typed name and title
I further agree to performance of agent. Or, if this herehy confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.  Out I C
If signing on bel	half of an entity:
FRANK NER	<b> </b>
Ту	ped 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 \* \* \*