

P15 0000 81537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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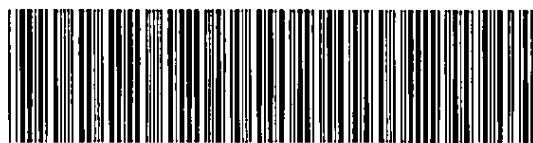
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 17 2020

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Aragon 11-23 Corp.  
Name of Corporation

DOCUMENT NUMBER: P15000081537

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:

Jacqueline Hernandez-Valdes  
Name of Contact Person

Law Offices of Jacqueline Hernandez-Valdes  
Firm/Company

2474 Secoffee Terrace  
Address

Miami FL 33133  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) Ivonne Grisolia <ivonnegrisolia@gmail.com>

For further information concerning this matter, please call:

Jacqueline Hernandez-Valdes at ( 305 ) 860-6015  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: ARAGON 11-23 CORP
2. The principal office address: 510 NW 84<sup>th</sup> AVENUE  
APT 321 PLANTATION, FL 33324
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/2/2015 Document number: P15000081537
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)

Acevedo + Associates LLP  
1395 Brickell Avenue 8<sup>th</sup> Floor  
Miami, FL 33131

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TALLAHASSEE, FLORIDA

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

Julio Morillas  
2474 Secoffee Terrace  
Miami, FL 33133

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.

[Signature]  
Signature of an officer or director

Fabrizio L. Silva  
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

5/29/2020  
Date

Julio Morillas  
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 (04/13)