

P15000083796

(Requestor's Name)

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(Business Entity Name)

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SEC. OF STATE
TALLAHASSEE, FL 32301

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[Signature]
JUL 22 2016
T. LEMUEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Repuestos Y Autopartes El Don, Corp.
Name of Corporation

DOCUMENT NUMBER: P15000083796

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:

Katlen V. Navarro Urdaneta

Name of Contact Person

Repuestos Y Autopartes El Don, Corp.

Firm/Company

13814 Osprey Nest Lane, No. 34

Address

Orlando, FL 32837

City/State and Zip Code

katlenveronic@gmail.com

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

For further information concerning this matter, please call:

Katlen Navarro Urdaneta

Name of Contact Person

at (786) 537-9387

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

June 24, 2016

KATLEN V NAVCERRO
13814 OSPREY NEST LN NO 34
ORLANDO, FL 32837

SUBJECT: REPUESTOS Y AUTOPARTES EL DON, CORP
Ref. Number: P15000083796

We have received your document for REPUESTOS Y AUTOPARTES EL DON, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 516A00013374

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Repuestos y Autopartes El Don, Corp.
2. The principal office address: 13814 Osprey Nest Lane, No.34
Orlando, FL 32837
3. The mailing address (if different): 13814 Osprey Nest Lane, No.34
Orlando, FL 32837
4. Date of incorporation/qualification: 10/09/2015 Document number: P15000083796
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)

Repuestos Y Autopartes El Don, Corp./Hebert Ferrer

5575 S. Orange Blossom Trail, Ste. B

Orlando, FL 32837

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

Repuestos Y Autopartes El Don, Corp. Katlen Navarro Urdaneta

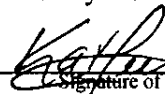
13814 Osprey Nest Lane, No. 34

P.O. Box NOT acceptable

Orlando, FL 32837

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

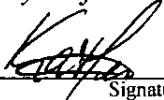
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Katlen Navarro Urdaneta

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

FILED
2015 JUL 28 P 12:41
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