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TALL AMASSEE STATE

MAY 1 8 2017

S. PRATHER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: 6/71/3; HUTO 20 negal legal 2 Services and Expert. GEP.  Name of Corporation
DOCUMENT NUMBER: 7 150000 85675
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:
Name of Contact Person  Eltibis: 1-1000 Penenal Verais Sorvices Cyport Cor?  Firm/Company
Address  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
, , , , , , , , , , , , , , , , , , ,
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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 La Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: 2/7/1/3/ HUTO GONERAL RESIDE OLY/CES and Exper	i (city)
2. The principal office address: 1002e 27 ST Hialeah, FL, 33013	·
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/19/2015 Document number: P 15000085675	
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)	
Tabel Rodrigues (S2)	
12094 NIW 938 L ===================================	
Hialeah, Florida, 33018 € 5 T	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Tose Concepción (sa).	
12100 H SW 4771 ST P.O. Box NOT acceptable	
Miak, FL 33175'	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	l
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  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 duites, 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 4/2(6/2017) 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)