

P15000085814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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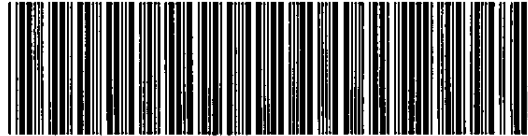
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/50m

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Monica Daes Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: _____

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:

Monica Daes

Name of Contact Person

Monica Daes Solutions, Inc.

Firm/Company

10491 North Kendall Dr., Suite F-202

Address

Miami, FL 33176

City/State and Zip Code

monica.daes@expresspros.com

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

For further information concerning this matter, please call:

Monica Daes

786

420-5969

at (_____) _____

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

1. The name of the corporation: Monica Daes Solutions, Inc.
2. The principal office address: 10491 North Kendall Dr., Suite F-202, Miami FL 33176
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/19/2015 Document number: CP 5758 A

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)

Monica Daes

8904 SW 109 Ave

Miami FL 33176

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

Monica Daes

10491 North Kendall Drive, Suite F-202

P.O. Box NOT acceptable

Miami, FL 33176

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

President

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

December 18, 2015

Date

If signing on behalf of an entity:

Monica Daes

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

CP35045 (02/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA