P15000093484

(Re	equestor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified opies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Carriles Corporation

Name of Corporation

DOCUMENT NUMBER, P15000093684

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:

Lori L. Heyer-Bednar

Name of Contact Person

Shapiro Blasi Wasserman & Hermann, P.A.

Firm/Company

7777 Glades Road, Suite 400

Address

Boca Raton, FL 33434

City/State and Zip Code

lheyer@sbwh.law

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

For further information concerning this matter, please call:

Lori L. Heyer-Bednar

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

statement of cha	provisions of sections 607.0502, 617.050, ange is submitted for a corporation organ	ized under the laws of the State of	Florida	
·	r to change its registered office or registe	,	Florida.	
1. The name of t	he corporation: Carriles Corporation	on		
2. The principal	office address: 275 NE 59 Street,	Miami, Florida 33137		
3. The mailing a	ddress (if different):			•
4. Date of incorp	poration/qualification: 2015	Document number: P150	00093684	
	street address of the current registered ag tment of State: (If resigned, enter resigned		vith the	
	RAMIREZ, ALEJANDRO 20100 W COUNTRY CLUB DR PH #109		-	
	AVENTURA, FL 33180		-	
			-	
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered o	ffice	
	M&R's Florida Investment, Co	orp.	_	
	275 NE 59 Street		-	
	P.O. Box NOT Miami, Florida 33137	acceptable	_	•
The street addre	ss of its registered office and the street a be identical.	address of the business office of i	ts registered agent.	,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so	
		Richard Sampedro, Pre		
I hereby decept ! I further agree t performance of agent. Or, if thi	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and act of a comply to the provisions of all statumy duties, and I am familiar with and act of the component is being filed merely to reflect that the corporation has been notified in	tes relative to the proper and corecept the obligation of my position of an appearance in the registered officers.	nplete_ n as registered_	
3		12/1/17	10 to	-
If signing on bel	nalf of an entity:	Ъяс		
Richard Sar	- 		5	Print.
1 y	ped or Printed Name		CO	

* * * FILING FEE: \$35.00 * * *

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Lori L. Heyer-Bednar at 561 477-7800

Name of Contact Person Area Code & Daytime Telephone Numb

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