

P16 0000000654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

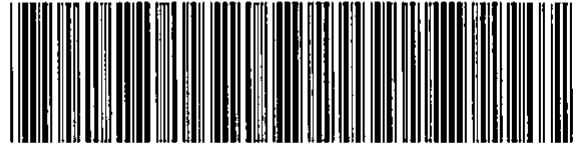
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/19--01017--007 **35.00

S TALLENT

MAY 07 2019

2019 MAY -2 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2019

REBECA RAFA
AERO PARADISE TRAVEL INC
1518 E 4TH AVE.
HIALEAH, FL 33010

SUBJECT: AERO PARADISE TRAVEL INC
Ref. Number: P16000000654

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE LIST ONLY ONE (1) ADDRESS FOR THE REGISTERED AGENT.
SEE ATTACHED PRINTOUT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00008257

RECEIVED

2019 MAY -2 PM 12:00

REG-AD
TALLA...

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AERO PARADISE TRAVEL INC
Name of Corporation

DOCUMENT NUMBER: P16000000654

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:

REBECA RAFA
Name of Contact Person

AERO PARADISE TRAVEL INC
Firm/Company

1518 EAST 4TH AVENUE
Address

HIALEAH FL 33010
City/State and Zip Code

INFO@AEROPARADISE.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECA RAFA at (305) 298-6290
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: AERO PARADISE TRAVEL INC
2. The principal office address: 1518 EAST 4TH AVENUE, HIALEAH FL 33010
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/01/2016 Document number: P16000000654

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)

ORLANDO CONSUEGRA (resigned)

8874 WEST FLAGLER STREET, APT 104

MIAMI, FL 33174

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

REBECA RAFA

11215 SW 203RD TERRACE

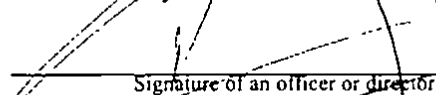
P.O. Box NOT acceptable

MIAMI FL 33189

FILED
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TALLAHASSEE, FL

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.

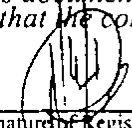


Signature of an officer or director

ORLANDO CONSUEGRA (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

Rebeca Rafa April 30, 2019

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