

P16000012082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700289368577

08/29/16--01010--010 **35.00

16 AUG 27 2016
16 AUG 27 2016

SEP 12 2016
C MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hora Loca Entertainment, Inc
Name of Corporation

DOCUMENT NUMBER: P16000012082

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:

Claudia Leon
Name of Contact Person

Hora Loca Entertainment, Inc
Firm/Company

11082 NW 38 street
Address

Surprise - FL 33351
City/State and Zip Code

horalocaevents@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Leon at (754) 281-4617
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

Monday, August 22, 2016

Resignation of the President of the Corporation

To: Hora Loca Entertainment, Inc.

11082 NW 38th street

Sunrise, FL 33351

And to: The Directors thereof

I, Francisco Rodriguez, hereby tender my resignation as President of the Corporation to take effect forthwith.

I am not longer the owner of this corporation. I am designating Claudia Leon as the sole owner of this Corporation from this moment on.

Dated: Monday, August 22, 2016


Francisco Rodriguez

State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me this 22 day of August, 2016.

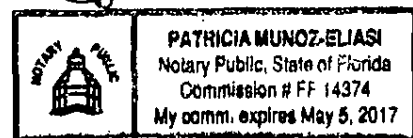
By Francisco Rodriguez Personally known ✓ or
produced identification _____

Type of Identification produced _____

Patricia Munoz Elasi

Notary Name here, Notary Public

My Commission Expires May 5, 2017



**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: Hora Loca Entertainment, Inc
2. The principal office address: 11082 NW 38 street
Sunrise- FL 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/5/2016 Document number: P16000012082
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)

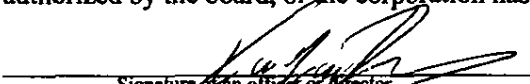
Francisco Rodriguez (resigned)
11082 NW 38 street
Sunrise- FL 33351

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

Claudia Leon
11082 NW 38 street
P.O. Box NOT acceptable
Sunrise- FL 33351

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

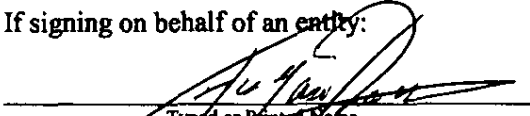
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____ <small>Signature of an officer or director</small>	<u>Francisco Rodriguez (resigned)</u> <u>(President)</u> _____ <small>Printed or typed name and title</small>
--	--

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.

<u>CLAUDIA LEON</u> _____ <small>Signature of Registered Agent</small>	<u>8/24/16</u> _____ <small>Date</small>
--	--

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