## P1600018385

(Req	uestor's Name)	
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Special Instructions to Filing Officer.		





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## **COVER LETTER**

fice/Agent and fee are submitted for filing.	
ter to the following:	
<del></del>	
ort notification)	
e call:	
at (786 \ \5646435	
at (786 )5646435 Area Code & Daytime Telephone Number	
artment of State.	
Street Address:	
Amendment Section	
Division of Corporations The Centre of Tallahassee	
2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this enge is submitted for a corporation organized under the laws of the State of Florida.  To change its registered office or registered agent, or both, in the State of Florida.
	the corporation: 1901 Marquis Inc
	office address: 5500 Island Estates Dr. #1404 Aventura, Fl. 33160
3. The mailing a	ddress (if different): 3971 SW 8th Street Suite 305 Miami, Fl. 33134-2951
_	poration/qualification: 02/26/2016 Document number: P16000018385
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Registered Agents Serving Named Companies, Inc
	3971 SW 8th Street Suite 305 Miami, Fl. 33134-2951
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office (1)
(	Adriana Gaviria
	2950 NE 188th street #121 Aventura, Fl. 33180
	P.O. Box NOT acceptable ? ??
The street address changed will	ess of its registered office and the street address of the business office has registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Advant Signal	Adriana Castaneda Diaz  Te of the officer or director Printed or typed name and title
I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Adria	na Fairia 09/05/2024  Date  Date
	half of an entity:
I	* * * 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 (04/13)