

P16000018447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

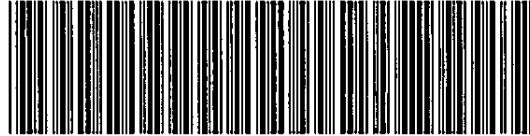
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/16--01003--005 **10.00

07/25/16--01028--025 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 AUG 15 PM 3:23

AUG 26 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

ALCIRA JUNCO
20280 NW 2 ST
PEMBROKE PINES, FL 33029 US

SUBJECT: DOUBLE A CONTRACTING, INC.
Ref. Number: P16000018447

We have received your document for DOUBLE A CONTRACTING, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 516A00016232

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Double A Contracting Inc.
Name of Corporation

DOCUMENT NUMBER: P16000018447

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:

Alicia Jung
Name of Contact Person

Firm/Company

20280 NW 2 St
Address

Pembroke Pines, FL 33029
City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Jung at (305) 332-2793
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 FL. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Double A Contracting Inc.
2. The principal office address: 20280 NW 2 St.
Pembroke Pines, FL 33029
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/25/16 Document number: P16000018447
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)

Alicia Junco
6627 NW 174 Ave
Hialeah, FL 33015

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

Alicia Junco
20280 NW 2 St.
P.O. Box NOT acceptable
Pembroke Pines, FL 33029

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.

Alicia Junco
Signature of an officer or director

Alicia Junco
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.

Alicia Junco
Signature of Registered Agent

8/8/16
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
CR2E045 (03/12)

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DIVISION OF CORPORATIONS
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