

PI6 000020914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

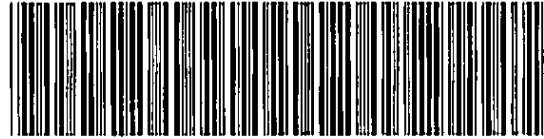
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

ATTN: EDUARDO GONZALEZ
8323 NW 12 STRETT, SUITE 102
DORAL, FL 33126

SUBJECT: UNLIMITED APPLIANCES, CORP.
Ref. Number: P16000020914

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

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

SASHA B PENNYWELL
Regulatory Specialist II

Letter Number: 821A00014117

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNLIMITED APPLIANCES, CORP.
Name of Corporation

DOCUMENT NUMBER: P16000020914

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:

EDUARDO GONZALEZ

Name of Contact Person

FLORIDA CORPORATE REGISTERED AGENTS, LLC.

Firm/Company

8323 NW 12 STREET, SUITE 102

Address

DORAL, FL 33126

City/State and Zip Code

E.GONZALEZ@GRC-CPA.COM

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

For further information concerning this matter, please call:

EDUARDO GONZALEZ

Name of Contact Person

at (305) 477-6969

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: UNLIMITED APPLIANCES, CORP.
2. The principal office address: 2333 GOLDEN ASTER STREET
CLERMONT, FL 34711
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/03/2016 Document number: P16000020914
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)

ROBLEDO, ANTHONY

3901 NW 79th Ave., Suite 104

DORAL, FL 33166

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

ROBLEDO, ANTHONY

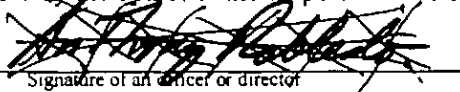
8323 NW 12 STREET, SUITE 102

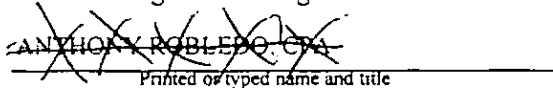
P.O. Box NOT acceptable

DORAL, FL. 33126

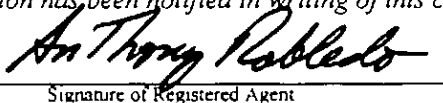
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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


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

MAY 26, 2021

Date

If signing on behalf of an entity:

ANTHONY ROBLEDO

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 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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