

P16000036919

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2016 JUL -5 PM 12:48

JUL 8 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PORTAL AERED, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P16000036919

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:

ALBERT P. HERMANDEZ  
Name of Contact Person

PORTAL AERED, INC.  
Firm/Company

7801 NW 15 ST.  
Address

MIAMI, FL 33126  
City/State and Zip Code

APH@SKYPOSTAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT HERMANDEZ at 305 332-2624  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

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DIVISION OF CORPORATIONS

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1. The name of the corporation: PORTAL AEREO, INC.
2. The principal office address: 7801 NW 15 ST.  
MIAMI, FL. 33126
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 4/25/16 Document number: P16 0000 36919
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)

ALBERT HERNANDEZ  
7801 NW 15 ST.  
MIAMI, FL. 33126

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

REGISTERED AGENTS INC.  
3030 NO. ROCKY POINT DR. SUITE 150A.  
TAMPA, FL. 33607  
P.O. Box NOT acceptable

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

Date

If signing on behalf of an entity:

Bill Havre/Assistant Secretary

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)