

P16 0000 39168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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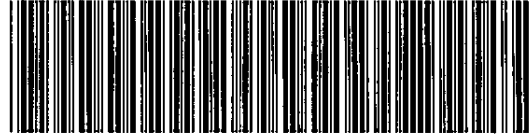
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 12 2016  
C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sneaker Pawn Miami, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P16000039168

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:

Camila Checa

Name of Contact Person

Sneaker Pawn Miami, Inc.

Firm/Company

2485 W. Flagler St. Suite 9

Address

Miami, FL 33135

City/State and Zip Code

cam305@gmail.com

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

For further information concerning this matter, please call:

Christian Carbonell

Name of Contact Person

at 305 370-4050

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sneaker Pawn Miami, Inc.  
2. The principal office address: 2485 W. Flagler St., Suite 9, Miami, FL 33135

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/02/2016 Document number: P16000039168

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)

Resigned

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

Camila Checa

2845 W. Flagler Street, Suite 9

P.O. Box NOT acceptable

Miami, FL 33135

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

Camila Checa

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:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

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2016 AUG -4 PM 6:09  
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