

P16000043413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

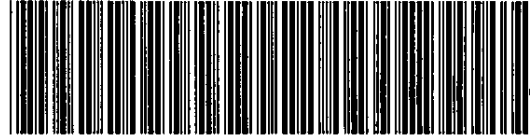
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2002/2

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHANGE OF REGISTERED AGENT ADDRESS  
Name of Corporation

**DOCUMENT NUMBER:** P16000043413

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:

LUIS ZAMORA

Name of Contact Person

PLUS TEL CORP

Firm/Company

409 W. Hallandale Bch Blvd Suite 204

Address

Hallandale FI 33009

City/State and Zip Code

lzamora30@hotmail.com

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

For further information concerning this matter, please call:

Susana Coll

Name of Contact Person

at ( 954 ) 682 9884

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

**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: PLUS TEL CORP
2. The principal office address: 14610 BULL RUN ROAD APT 141  
MIAMI LAKES FL 33130
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 05/13/2016 Document number: P16000043413

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)

LUIS ZAMORA

90 SW 3RD STREET PH 1908

MIAMI FL 33130

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

LUIS ZAMORA

14610 BULL RUN ROAD APT 141

P.O. Box NOT acceptable

MIAMI LAKES FL 33014

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

Luis Zamora

\_\_\_\_\_  
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

05/23/2016

\_\_\_\_\_  
Date

If signing on behalf of an entity:

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

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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2016 JUL 12 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA