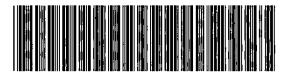
## P1600051992

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: KAJIMAYA CORP.

Name of Corporation

DOCUMENT NUMBER

216000051992

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:

KIRENIA ORTIZ RIVERON

Name of Contact Person

KAJIMAYA CORP.

Firm/Company

4360 SW 129TH PL

Address

MIAMI,FL 33175

City/State and Zip Code

KAJIMAYA@HOTMAIL.COM

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

For further information concerning this matter, please call:

KIRENIA ORTIZ RIVERON

512 \806-5

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

statement of change is su	ubmitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of FLORIDA rgistered agent, or both, in the State of Florida.	
	oration: KAJIMAYA CO		
2. The principal office ad	ddress: 4360 SW 129T	H PL, MIAMI, FL 33175	
3. The mailing address (i	f different):		
4. Date of incorporation/o	qualification: JUNE 14,	2016	
	ddress of the current register State: (If resigned, enter res	red agent and registered office on file with the signed)	
MANU	UEL J FERNANDEZ	SEFE S	
4360	4360 SW 129TH PL		
MIAM	MIAMI, FL 33175		
(if changed):	Š	agent (if changed) and /or registered office	
KIRE	NIA ORTIZ RIVERO	<u>N</u>	
4360	SW 129TH PL		
MIAM	и, FL 33175	NOT acceptable	
The street address of its as changed will be ident	registered office and the strical.	reet address of the business office of its registered agent,	
Such change was author authorized by the board,	ized by resolution duly ado, or the corporation has been	opted by its board of directors or by an officer so notified in writing of the change.	
Mouve	me	MANUEL J. FERNANDEZ/ PRESIDENT	
Signature of an offi I hereby accept the apport I further agree to compl performance of my dutie agent. Or, if this docum hereby confirm that the	nintmant as registered agen	Printed or typed name and title  at and agree to act in this capacity, statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I led in writing of this change.	
KPA	Agent Agent	04/27/17	
Signature of Re	Asktered Agent	Date	
If signing on behalf of a	n entity:		
Typed or Prin	nted Name		
	* * * FILING	G 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)