

PI6 000070535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

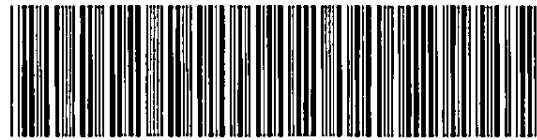
(Document Number)

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2017 OCT 20 PM 2:38

CLERK OF COURT

C. GOLDEN

OCT 23 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Aida & Associates, Inc.  
Name of Corporation

DOCUMENT NUMBER: P16000070535

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:

Adrian Palma  
Name of Contact Person

Aida & Associates, Inc.  
Firm/Company

14700 SW 17th St.  
Address

Miami, FL 33187  
City/State and Zip Code

palma9099@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian Palma at ( 305 ) 588-6323  
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

**AIDA & ASSOCIATES, INC.**

14700 SW 174 Street  
Miami, FL 33187

October 20, 2017

**VIA EMAIL: [claretha.golden@dos.mvflorida.com](mailto:claretha.golden@dos.mvflorida.com)**

Florida Department of State  
Attention: Claretha Golden

*Re: Aida & Associates, Inc.  
Document No.: P1600070535*

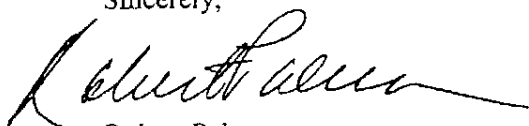
Dear Ms. Golden:

Per your request, please allow this message to confirm that Adrian Palma has effectually signed his name on the "Statement of Change of Registered Office or Registered Agent or Both for Corporations". The signature reflected under "Signature of Registered Agent" is in fact his signature and not his initials.

If all else is in order, kindly process the document. If you have any questions, please feel free to contact my office at 786-925-5588.

Thank you so much in advance for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Palma", with a long, sweeping horizontal line extending to the right.

Robert Palma  
President



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2017

ADRIAN PALMA  
14700 SW 17TH STREET  
MIAMI, FL 33187

SUBJECT: AIDA & ASSOCIATES, INC.  
Ref. Number: P16000070535

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agents initials are not sufficient as a signature. Please make sure the complete name is entered.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 517A00020437

**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: Aida & Associates, Inc.  
2. The principal office address: 14700 SW 174 St.  
Miami, FL 33187  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9-1-2016 Document number: P116000070535

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)

Robert Palma  
14700 SW 174 St.  
Miami, FL 33187

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

Adrian Palma  
14700 SW 174 St.  
Miami, FL 33187

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.

Robert Palma  
Signature of an officer or director

Robert Palma  
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.

AP  
Signature of Registered Agent

9-29-17  
Date

If signing on behalf of an entity:

Adrian Palma  
Typed or Printed Name

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