## P16000070651

| (Re                     | equestor's Name)   | · · ·       |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Ві                     | ısiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

A & Anibal,Inc

Name of Corporation

DOCUMENT NUMBER: p16000070651

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:

|  | A | ۱r | Ιİ | b | al | F | \ F | ٦į | n | e | d | а |
|--|---|----|----|---|----|---|-----|----|---|---|---|---|
|--|---|----|----|---|----|---|-----|----|---|---|---|---|

Name of Contact Person

A& Anibal.Inc

Firm/Company

4862 Ranch Way

Address

West Palm Beach FI,33415

City/State and Zip Code

mrfiallosin@gmail.com

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

For further information concerning this matter, please call:

Anibal A Pineda

1770 3188927
Area Code & Daytime Telephone Number

Name of Contact Person

16 MOL MO. 08

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 ch  | ange is submitted for a corporation  | . 617.0502, 607.1508, or 617.1508, Florida Statut<br>on organized under the laws of the State of florida  | <u> </u>              |
|--|--|---|-----------------------|
|  | 0 0  | or registered agent, or both, in the State of Floria  | 'a.                   |
| 1. The name of   | the corporation: A & Anibal,   | Way West Palm Reach El 33/15  | <u> </u>              |
| 2. The principal   | office address: 4002   Name:   | n Way West Palm Beach FI,33415  |                       |
| 3. The mailing   | address (if different):  |   |                       |
| 4. Date of incor   | poration/qualification: 08/25/2  | 2016 Document number: p1600007  | 0651                  |
| 5. The name an   |  | gistered agent and registered office on file with the   | <b>e</b>              |
|  | 4862 Ranch Way We  | est Palm beach Fl 33415   |                       |
|  |  |   |                       |
|  |  |   | <b>6</b>              |
| 6. The name an (if changed):   | d street address of the new registe  | ered agent (if changed) and /or registered office   | 16:40V-1              |
|  | Aniba A. Pineda  |   | 그 지난                  |
|  | 4862 Ranch Way Wes   | st Palm Beach Fl 33415  | HIO: 08               |
|  | P.O  | D. Box NOT acceptable   | कि है                 |
| The street addr  | ess of its registered office and the identical.  | he street address of the business office of its regi  | stered agent,         |
| Such change w authorized by t  | as authorized by resolution duly<br>he board, or the corporation has                                     | adopted by its board of directors or by an office been notified in writing of the change.   | er so                 |
|  |  | Anibal A. Pineda  |                       |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th | to comply with the provisions of<br>my duties, and I am familiar wi<br>iis document is being filed merei | Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as re ly to reflect a change in the registered office add notified in writing of this change. | egistered<br>Iress, I |
| Mille  | nature of Registered Agent   | 10/20/16  |                       |
|  | mature of Registered Agent   | Date  |                       |
| vigining vii vi  |  |   |                       |
|  | yped or Printed Name   | _   |                       |

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