P16000071189

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TORREZ SERVICES INC

Name of Corporation

DOCUMENT NUMBER, P16000071189

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:

CARLOS E TORREZ SEVILLA

Name of Contact Person

TORREZ SERVICES INC

Firm/Company

1021 CAMEO CIR

Address

WEST PALM BEACH FL 33417

City/State and Zip Code

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

For further information concerning this matter, please call:

Carlos E Torrez Sevilla

...561 \.\8383197

Name of Contact Person

Arca 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



October 18, 2016

CARLOS E TORREZ SEVILLA 1021 CAMEO CIR WEST PALM BEACH, FL 33417

SUBJECT: TORREZ SERVICES INC

Ref. Number: P16000071189

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

Please sign as registered agent using the whole name.

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.

Letter Number: 816A00022438

Carol Mustain Regulatory Specialist II

www.sunbiz.org

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: TORREZ SERVICES INC
2. The principal office address: 1021 CAMEO CIR WEST PALM BEACH FL 33417
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/26/2016 Document number: P16000071189
4. Date of incorporation/qualification: 08/26/2016 Document number: P16000071189 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) WALTER GOMEZ 508 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34953
WALTER GOMEZ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
508 SW PORT ST LUCIE BLVD
PORT ST LUCIE FL 34953
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CARLOS E TORREZ SEVILLA
1021 CAMEO CIR
P.O. Box NOT acceptable WEST PALM BEACH FL 33417
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.
Alexidente Tone of Carlos Etorbez. SEVILLA Signature of an officer or director Carlos Etorbez. SEVILLA
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.
Aflifento Tomes Af 10/10/16 Signature of Registered Agent 10/10/16
If signing on behalf of an entity:
COVLOSETOYPEZ. SEVILLA Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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