

P16000078241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

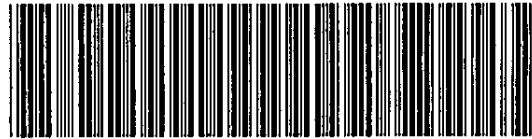
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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3/24/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alcama Cable Wiring, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000078241

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:

Alfredo A Martinez de Santelices

Name of Contact Person

Alcama Cable Wiring, Inc.

Firm/Company

8664 DILIP LN APT # 105

Address

NAPLES, FL 34104

City/State and Zip Code

alcamacable@gmail.com

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

For further information concerning this matter, please call:

Alfredo A Martinez de Santelices at 813 817-4166

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**

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: Alcama Cable Wiring, Inc.
2. The principal office address: 8664 DILIP LN APT # 105 NAPLES, FL 34104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/20/2016 Document number: P16000078241
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)

8664 DILIP LN APT # 105 NAPLES, FL 34104

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

2557 N. Airport Rd Fort Myers, FL 33907

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, of the corporation has been notified in writing of the change.



Signature of an officer or director

ALFREDO A MARTINEZ DE SANTELICES, PRESIDENT

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

Date

If signing on behalf of an entity:

Typed or Printed Name

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