P16000055790

	<u>[U]</u>
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COVER LETTER

TO:

Amendment Section Division of Corporations

NURLECT: TUF AUTOS, CORF

Name of Corporation

OCUMENT NUMBER 16000085790

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:

LUIS GUILLERMO ROSALES MEDINA

Name of Contact Person

TUF AUMOS, CORP

Firm/Company

3330 NW#36TH ST

Address

MIAMI, 配 33142

City/State and Zip Code

LUISROSALES28@HOTMAIL.COM

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

For further information concerning this matter, please call:

LUIS GUILLERMO ROSALES MEDINA

786

247-5239

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

Tallahasse FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		7,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this	
1838		orporation organized under the laws of the State of FLORIDA ed office or registered agent, or both, in the State of Florida.	
		AUTOS, CORP	
7. The name of (NW 36TH ST MIAMI, FL 33142	_
2. The principal	office address: + + + 5		
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification:	10/24/16 Document number P16000085790	
5. The name and	li di	urrent registered agent and registered office on file with the	
	LUIS ROSALE		
	3330 NW 36TH	ST	
	MIAMI, FL 331	12 NO TI	
6. The name and (if changed):	l street address of the t	w registered agent (if changed) and /or registered officed PH 5:	
	LUIS GUILLER	MO ROSALES MEDINA	
	3330 NW 36TH	ri -	
	MIAMI, FL 331	P.O. Box NOT acceptable	
The street addreas changed will	ess of its registered off be identical.	ice and the street address of the business office of its registered agent.	
Such change was authorized by resolution duly authorized by the board, or the corporation has		tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.	
Signatu	re of an officer or director	LUIS GUILLERMO ROSALES MEDINA/ PRESIDENT Printed or typed name and title	
I have box anyon	to committe with the mea	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete iniliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address. I as been notified in writing of this change.	
	LR	10/05/2017	
If signing on be	nature of Registered Agent half of an entity:	Date	
T	yped or Printed Name		

** FILING 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)