

P160000095319

(Requestor's Name)

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TALLAHASSEE, FLORIDA

16

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Corralenses Inc.  
Name of Corporation

DOCUMENT NUMBER: P16000095319

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:

Silvia Vazquez  
Name of Contact Person

Firm/Company  
2041 Quail Roost drive  
Address

Weston, FL, 33327  
City/State and Zip Code

abc1management@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia Vazquez at ( 954 ) 918-0809  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Corralenses Inc.
2. The principal office address: 1455 N. Treasure Dr. 60 North  
Bay Village, FL, 33141
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/01/2016 Document number: P1600095319
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)

Stevenazzi, Marisa  
1455 N. Treasure Dr. 60  
North Bay Village, FL, 33141

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

Silvia Vazquez  
2041 Quail Roost Dr. Weston  
FL, 33327.

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 JUL -5 PM 3:00

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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.

[Signature]  
Signature of an officer or director

Silva, Nora L.  
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]  
Signature of Registered Agent

6/28/22  
Date

If signing on behalf of an entity

Silvia Vazquez  
Typed 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  
CR2F045 (04/13)