

P170000 01360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☒ MAIL

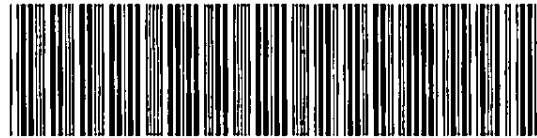
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **L&A FORMALITIES CORP**
Name of Corporation

DOCUMENT NUMBER: **P17000001360**

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:

LILIANA MOLINA

Name of Contact Person

Firm/Company

8318 COMMERCE WAY # 807

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

lilimoli@yahoo.com

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

For further information concerning this matter, please call:

LILIANA MOLINA

Name of Contact Person

at (**305**) **984-3267**

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: L&A FORMALITIES CORP
2. The principal office address: 8318 COMMERCE WAY # 807
MIAMI LAKES, FL 33016
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/15/2017 Document number: P17000001360
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)

LILIANA CHAMIZO

7820 NW 194TH STREET

MIAMI, FL 33015

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

LILIANA MOLINA

8318 COMMERCE WAY #807

P.O. Box NOT acceptable

MIAMI LAKES, FL 33016

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 of an officer or director

ANDRES MOLINA - VP

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.

Liliana Molina
Signature of Registered Agent

08/31/17
Date

If signing on behalf of an entity:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA