

P170000 14914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

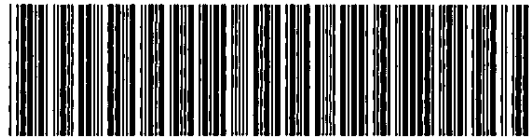
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100299349641

05/22/17--01030--009 **35.00

S. TALLENT

MAY 30 2017

R/P-CH

FILED

17 MAY 22 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bonilla Tech INC
Name of Corporation

DOCUMENT NUMBER: P 17000014914

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:

Eduardo Bonilla
Name of Contact Person

Bonilla Tech Inc
Firm/Company

5435 NW 121st Ave
Address

Coral Springs FL 33076
City/State and Zip Code

eduardo@bonilla-tech ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo Bonilla at (954) 401-1076
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bonilla Tech INC
2. The principal office address: 5435 NW 121st Ave
Coral Springs FL 33076
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/13/2017 Document number: P170000 14914
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)

Jorge Bonilla Resigned
5435 NW 121st Ave
Coral Springs FL 33076

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

Luis Bonilla
5435 NW 121st Ave
Coral Springs FL 33076

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

* [Signature]
Signature of an officer or director

Eduardo Bonilla 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]
Signature of Registered Agent

05/19/2017
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
CR2E045 (03/12)

FILED
17 MAY 22 PM 1:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA