P17000024134

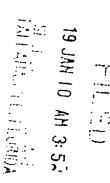
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JAN 10 LUJ

COVER LETTER .

TO: Amendment Section Division of Corporations

GRUPO CENTRAL HISPANO INC.	
Name of Corporation	
DOCUMENT NUMBER: P17000024134	

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:

ALCIDES CISNEROS					
Name of Contact Person					
•	Fir	m/Company			
1925 SW 118TH CT #135					
		Address			
MIAMI,	FL	33175			
	City/St	ate and Zip Code			
alci11@yahoo.com					
E-mail address: (t	o be used	for future annual report notification)			

For further information concerning this matter, please call:

Alcides Cisneros	at (305	336-9363
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

statement of cha	inge is subm	itted for a c	orporation organi	2, 607.1508, or 61 ized under the law. rred agent, or both	s of the State	of Flo	rida
 The name of The principal 	the corporati	on: Grupe ss: 9600	o Central Hisp S. W. 8th ST	pano Inc. Suite #49	Miami,	FI	33174
3. The mailing a	address (if di	fferent):					
4. Date of incor	poration/qua	lification:	03/15/2017	Document n	umber: P17	70000)24134
			ırrent registered aç ned, enter resigne	gent and registered d)	l office on til	e with	the
	CARLOS	S CRUZ	(RESIGI	NED)			
	6823 W.	36 AVE					19 JAH 10 AH
	HIALEA	H GARD	ENS, FL	33018			5
6. The name and (if changed):				it (if changed) and	/or registere	d office	AH 3: 57
	VICENT	***	ARA				>
	902 SW	89 AVE	P.O. Box NOT:				
	MIAMI,	FL	33174	acceptante			
The street addreas changed will	ess of its region	stered offi	ce and the street a	address of the busi	ness office o	of its re	egistered agent.
Such change wa authorized by the	is authorized te board, or t	l by resolut the corpora	ion duly adopted tion has been not	by its board of dir ified in writing of	ectors or by the change.	an offi	icer so
				CARLOS CF		_	dent)
I hereby accept I further agree is performance of agent. Or, if th	to comply wi my duties, a is document	nent as reg th the prov nd I am far is being til	isions of all statu niliar with and ac ed merely to refle	Printed I agree to act in the tes relative to the cept the obligatio ct a change in the writing of this ch	proper and n of my posi revisiered a	comple tion as	registered
	Men	\wedge		12/28/2018			
If signing on be	half of an er	tin):			Date		

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