

P17000025435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

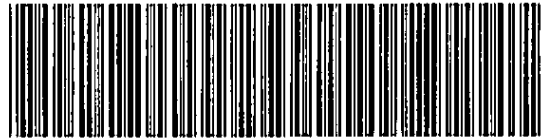
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TALLAHASSEE, FL

2/17/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2021

ANIEL ARTEAGA TORRES
542 BEACON BLVD
MIAMI, FL 33135

SUBJECT: ARTEAGA FUEL INC
Ref. Number: P17000025435

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 121A00004502

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTEAGA FUEL INC
Name of Corporation

DOCUMENT NUMBER: P17000025435

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:

ANIEL ARTEAGA TORRES
Name of Contact Person

Firm/Company
542 BEACON BLVD
Address
MIAMI, FL 33135
City/State and Zip Code

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

For further information concerning this matter, please call:

ANIEL ARTEAGA TORRES at (305) 922-3576
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: ARTEAGA FUEL INC
2. The principal office address: 542 BEACON BLVD
MIAMI, FL 33135
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/17/2017 Document number: P17000025435

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)

ANIEL ARTEAGA TORRES

542 BEACON BLVD

MIAMI, FL 33135

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

LAZARO LLANES ARTEAGA

542 BEACON BLVD

P.O. Box NOT acceptable

MIAMI, FL 33135

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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.

A. A. T.
Signature of an officer or director

ANIEL ARTEAGA TORRES

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

03/17/2021

Date

If signing on behalf of an entity:

Typed or Printed Name

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