

PI7000035236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

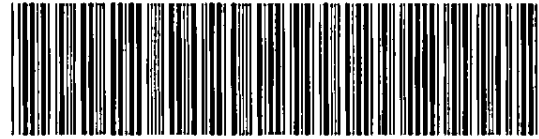
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 AUG 17 PM 4:46

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** St. Michael's Works, INC  
Name of Corporation

**DOCUMENT NUMBER:** P17000035236

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:

Rolando Exposito

Name of Contact Person

St. MICHAEL'S WORKS, INC

Firm/Company

1540 SW 29th Avenue

Address

Miami, Florida 33145

City/State and Zip Code

rme3611@yahoo.com

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

For further information concerning this matter, please call:

Rolando Exposito

Name of Contact Person

at ( 786 ) 378-9426

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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**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: St. Michael's Works, INC
2. The principal office address: 1540 SW 29th Avenue Miami, Florida 33145
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 04/17/2017 Document number: P17000035236
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)

Rolando Exposito

640 NE 4th place

Hialeah, Florida 33010

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

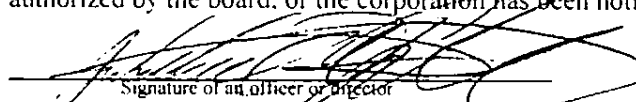
Rolando Exposito

1540 SW 29th avenue, Miami, FL 33145


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.

 Rolando Exposito President  
Signature of an officer or director 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.*

 8/14/17  
Signature of Registered Agent 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)