

P170000 44456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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06/08/17--01019--004 \*\*35.00

S TALLENT  
JUL 17 2017

R/A-CH

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17 JUL 14 PM 2:09  
SECRETARY OF STATE  
HALLANDALE BEACH, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

17 JUL 14 PM 4:18

June 16, 2017

AIDA MENDEZ  
LATINOMERICAN EXPRESSO, CORP  
5321 N STATE RD 7  
TAMARAC, FL 33319

SUBJECT: LATINOMERICAN EXPRESSO, CORP  
Ref. Number: P17000044456

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 current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Susan Tallent,  
Regulatory Specialist II

Letter Number: 217A00012321

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **LATINOMERICAN EXPRESSO, CORP**

Name of Corporation

DOCUMENT NUMBER: **P17000044456**

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:

**AIDA M MENDEZ**

Name of Contact Person

Firm/Company

**5321 N STATE RD 7**

Address

**TAMARAC, FL. 33319**

City/State and Zip Code

**padipa48@hotmail.com**

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

For further information concerning this matter, please call:

**Diego Parra**

Name of Contact Person

**954 2928282**

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: LATINOMERICAN EXPRESSO, CORP  
2. The principal office address: 5321 N STATE Rd 7  
Tamarac, Fl. 33319  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/17/2017 Document number: P17000044456

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)

Flash Espresso Services, LLC

6019 KIMBERLY BLVD

Pompano Beach  
NORTH LAUDERDALE, FL 33068

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

DIEGO PARRA

5151 NW 112 PL

P.O. Box NOT acceptable

DORAL, FL. 33178

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TALLAHASSEE FLORIDA

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.

Aida M. Mendez  
Signature of an officer or director

Aida M. Mendez - 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.*

Diego Parra  
Signature of Registered Agent

06/05/2017

Date

If signing on behalf of an entity:

Aida M Mendez

Typed or Printed Name

Aida M. Mendez

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314