## P170000 44456

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PiCK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	Office Use Only



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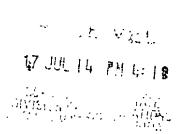
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RIA-CH







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**

Division of Corporations			
SUBJECT: LATINOMERICAN EXPRESS Name of Corporation	O, CORP		
DOCUMENT NUMBER: P17000044456			
The enclosed Statement of Change of Registered Office/Agent an	d fee are submitted for filing.		
Please return all correspondence concerning this matter to the following	owing:		
AIDA M MENDEZ			
Name of Contact Perso	n		
Firm/Company			
5321 N STATE RD 7			
TAMARAC, FL. 33319			
City/State and Zip Cod	<u> </u>		
padipa48@hotmail.com	v		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Diego Parra 95	4 2928282		
Name of Contact Person at (Area	2928282 a Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
	Street Address:		
	Amendment Section Division of Corporations		
•	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassec, FL 32314

## 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	
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 Expresso Services, LLC	
6019 KIMBERLY BLVD	
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  P.O. Box NOT acceptable	
P.O. Box NOT acceptable  DORAL, FL. 33178	
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 - 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 documentis peing 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 of Registered Agent Date	
•	
Aida M Mendez  Typed or Printed Name  Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)