P17000056062

(Ře	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	•
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workform	<u> </u>	4/2
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2020

ALEJANDRO HERNANDEZ 18509 S DIXIE HWY CUTLER BAY, FL 33157

SUBJECT: RICO'S HOUSE STEAK, BEER & WINE II, INC.

Ref. Number: P17000056062

We have received your document for RICO'S HOUSE STEAK, BEER & WINE II, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

The form you submitted is for a FLORIDA LLC, but your entity is a FLORIDA CORPORATION. Please complete and return the enclosed blank form(s).

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.

Letter Number: 820A00011895

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RICO'S HOUSE STEAK BEER & WINE IT, INC.
DOCUMENT NUMBER: P170000 56062
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:
Alejavideo HERNANDEZ Name of Contact Person
Firm/Company
18509 S. DIXIE HWY
18509 S. DIXIE HWY Address Cutler BAY FL. 33157 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ale Jandra Hernande 2 at (786) 942-6714 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:

Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, 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 <u>FLoRIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RICO'S HOUSE STEAK BEER & WINE II)
2. The principal office address: 18509 S. Dixie HWY.
CUTLER BAY, FL. 33157
3. The mailing address (if different):
4. Date of incorporation/qualification: $0628-17$ Document number: 1780056062
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) Sethy Tome. 18509 South Dixie HW. Cutter Bay FC 33157 6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
Alejandro Hernandez 14514 S.W. 161 Ct. PO Box NOT acceptable Marit Fl. 33197
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 obsporation has been notified in writing of the change. ALEJAVIDED - PEESIDENT
Signature of an orice of director 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. Signafure of Begistered 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 (04/13)