

P17000005330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

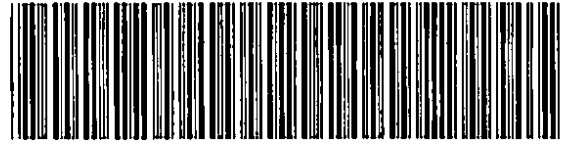
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TALLAHASSEE, FL

Macng

R. WHITE

SEP 13 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRADO INSURANCE BROKER , INC
Name of Corporation

DOCUMENT NUMBER: P17000056382

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:

JOSE R PRADO

Name of Contact Person

Firm/Company

8249 NW 36TH ST STE 118

Address

MIAMI FL 33166

City/State and Zip Code

JRPRADOBARCELO@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE PRADO

Name of Contact Person

at (786) 4992979

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
18 SEP 13 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 1, 2018

JOSE R PRADO
8249 NW 36TH ST STE 118
MIAMI, FL 33166

SUBJECT: PRADO INSURANCE BROKER, INC.
Ref. Number: P17000056382

We have received your document for PRADO INSURANCE BROKER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 6 cannot be left blank. Please complete section 6 with the new registered agent's information.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 518A00015854

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: PRADO INSURANCE BROKER, INC
2. The principal office address: 12430 NW 15TH PL APT 201
SUNRISE, FL 33323
3. The mailing address (if different): PO.BOX 171314
HIALEAH, FL 33017
4. Date of incorporation/qualification: 06/28/2017 Document number: P17000056382
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)

JOSE PRADO

12430 NW 15TH PL APT 201

SUNRISE, FL 33323

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

JOSE PRADO

12430 NW 15TH PL APT 201

P.O. Box NOT acceptable

SUNRISE FL 33323

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.

JOSE PRADO P
Signature of an officer or director

JOSE PRADO P
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.

JOSE PRADO
Signature of Registered Agent

07/11/2018

Date

If signing on behalf of an entity:

JOSE R. PRADO

Typed or Printed Name

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