

PR000069397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

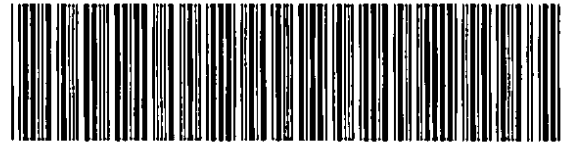
(Business Entity Name)

(Document Number)

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APR 24 2019

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2019 APR 15 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FL

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AWNINGS & SHADES INTERNATIONAL INC
Name of Corporation

DOCUMENT NUMBER: P17000069397

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:

DAISY SARMIENTO

Name of Contact Person

AWNINGS & SHADES INTERNATIONAL INC

Firm/Company

6116 NW 6 AVE

Address

MIAMI, FL 33127

City/State and Zip Code

AWNINGSHADEINT@HOTMAIL.COM

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

For further information concerning this matter, please call:

DAISY SARMIENTO

Name of Contact Person

305 781-2669

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: AWNINGS & SHADES INTERNATIONAL INC.
2. The principal office address: 6116 NW 6 AVE MIAMI, FL 33127

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 08/17/2017 Document number: P17000069397

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)

LUIS ARTURO PEREZ BRUGMAN

6116 NW 6TH AVE

MIAMI, FL 33127

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

DAISY SARMIENTO

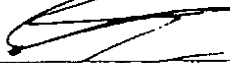
6116 NW 6TH AVE

MIAMI, FL 33127

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.



Signature of an officer or director

LUIS ARTURO PEREZ BRUGMAN 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.*



Signature of Registered Agent

APRIL 9, 2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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

2019 APR 15 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED