P17000096035

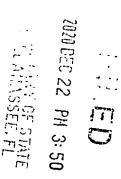
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Doddinent Nambor)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:

Amendment Section Division of Corporations

lavaniana Oiada Tavas I.a.	
SUBJECT: Inversiones Ojeda Tovar Inc. Name of Corporation	·
DOCUMENT NUMBER: P17000096035	
The enclosed Statement of Change of Registered O	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Roberto Ojeda Tovar	
Name of Contact Person	
Inversiones Ojeda Tovar Inc.	
Firm/Company	
2200 NW 72nd Avenue #523223	
Address	
Miami, FL 33152	
City/State and Zip Code	
rojedat@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ise call:
Andres Vivas	or 954 \ 673.8943
Name of Contact Person	at (<u>954</u>) 673 8943 Area Code & Daytime Telephone Number
	, ,
Enclosed is a \$35.00 check made payable to the De	partment of State.
	•
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpor	602, 617,0502, 607,1508, or 617,1508, Florida S ration organized under the laws of the State of _ ice or registered agent, or both, in the State of F	Florida
1. The name of	the corporation: Inversio	nes Ojeda Tovar Inc.	
		on Avenue Apt 6 Miami, FL 33141	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 12/	04/2017 Document number: P1700	00096035
	d street address of the current rtment of State: (If resigned, c	registered agent and registered office on file wienter resigned)	th the
	Quintero & Asociado	os Despacho de Abogados Inc.	_
	2200 NW 72nd Aver	nue #523223	
	Miami, FL 33152		•
6. The name and (if changed):		gistered agent (if changed) and /or registered off	
	Roberto Ojeda Tova	r	
	831 SW 28th Street		: S
	Fort Lauderdale, FL	PO Box NOF acceptable 33315	2020 DFC 22 PM
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of it	s registered deent.
Such change wa authorized by the	as buthorized by resolution of newbard, or the corporation	fully adopted by its board of directors or by an has been notified in writing of the change.	officer so
Supah		President Printed or typed name and til	fla
I hereby accept	to comply with the provision	ed agent and agree to act in this capacity, is of all statutes relative to the proper and concept the obligation of my position as registered hange in the registered office address, I herebilis change.	mlete performance
Sig	nature of Registered Agent	12/15/2020 Date	
	half of an entity:		
	yped or Printed Name		
	* * * 1	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)