PIRODO ROP

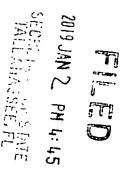
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SAUA ZAR SERVICES VALET PARKING, CORP.		
DOCUMENT NUMBER: 7 \ 80000 \ 2089		
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:		
Name of Contact Person		
SALAZAR SERVICES VALET PARKING CORP.		
11015 SW 88th ST, STE +1203		
NLANI, TL 33176 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
JOHAN SALATAR at 305 902-8587 Name of Contact Person 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 Street Address: Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

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

Pursuant to the provisions of sections 607.0502, 617.0. statement of change is submitted for a corporation org in order to change its registered office or regi	anized under the laws of the State of FLORIDA
1. The name of the corporation: SAUATAR (DERVICES VALET PARKING, CORP.
2. The principal office address: 1015 SW 89	4h ST, STE 4203
KLAMITL 33176	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/06/20	018 Document number: 718000012089
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned)	
,	5 DESPACATO DE ABOGADOS, Juc.
2200 NW 72nd A	Nor# 523223 题 E m
Mrsni, 71 331	
6. The name and street address of the new registered as (if changed):	gent (if changed) and /or registered office.
JOHAN BAL	
17015 SW 8849 S	T, STE H203
Mani, FL	
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been to	notified in writing of the change.
Signature of an officer or director	JOHLAN SALATAR MESIDENT Printed or typed name and little
I hereby accept the appointment as registered agent a little agree to comply with the provisions of all staperformance of my duties, and I am familiar with ana agent. Or, if this document is being filed merely to rehereby confirm that the corporation has been notified	atutes relative to the proper and complete I accept the obligation of my position as registered effect a change in the regisiered office address, I
	12/27/2018
Signature of Registered Agent	Date
If signing on behalf of an entity:	
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 * * *