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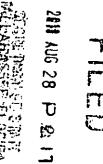
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COVER LETTER

Division of Corporations						
ONTIVERO'S SOUTH BEACH VACATION RENTALS, INC						
Name of Corporation						
DOCUMENT NUMBER: P18000014961						
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:						
Alberto Ruffin Ontivero						
Name of Contact Person						
Firm/Company						
530 Ocean Drive, Apt. 102						
Address						
Miami Beach, FL 33193						
City/State and Zip Code						
vacationsuites@hotmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Alberto Ruffin Ontivero 912 506-4913						
Alberto Ruffin Ontivero at 912 506-4913 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 Street Address: Amendment Section						

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

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Tallahassee, FL 32301

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

Pursuant to the provisions of statement of change is submitted in order to change its	ted for a corporation orga	nized under the laws	of the State of	
1. The name of the corporation	n: ONTIVERO'S SO	OUTH BEACH	VACATION	N RENTALS, IN
2. The principal office address	s: 530 Ocean Drive	Apt 102 Miami	Beach, FL	33193
3. The mailing address (if diff	erent):			
4. Date of incorporation/quality	fication: 02/13/2018	Document nu	mber: P1800	00014961
5. The name and street address Florida Department of State		= =	office on file w	ith the
Henry E.	Ontivero			
2725 SW	119CT			
Miami, Fl	_ 33175			
6. The name and street address (if changed):	s of the new registered age	ent (if changed) and /e	or registered of	Tice
Alberto R	uffin Ontivero			20.53
530 Ocea	an Drive APT 102		新 原 <u> </u>	ès T
Miami Be	P.O. Box NO ach, FL 33193	T acceptable		28 P
The street address of its regis as changed will be identical.	tered office and the street	address of the busin	iess office of it	stregistered agent,
Such change was authorized lauthorized by the board, or the	by resolution duly adopted to corporation has been no	d by its board of dire ptified in writing of t	ctors or by an	officer so
Signature of an officer or o	director	Henry E. Ont	ivero	1 2
I hereby accept the appointm I further agree to comply with performance of my duties, an agent. Or, if this document is hereby confirm that the corpo	ent as registered agent and the provisions of all stated I am familiar with and a seing filed merely to reforation has been notified in	nd agree to act in this actes relative to the p accept the obligation lect a change in the i in writing of this cha	s capacity. proper and com of my position registered offic inge.	iplete 1 as registered 2e address, l
ALERIO R. O	7/	7/21/2018		
Signature of Registere	v		Date	
If signing on behalf of an enti	•			
Alberto Ruffin Ontiver Typed or Printed Nat				

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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