## P18000018548

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
	Office Use Only



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

> Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: LIPIANO TILES INC Name of Corporation
Name of Corporation
DOCUMENT NUMBER: P18000018548
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:
MIGHEL CRUZ
MIGLIEL (RUZ Name of Contact Person
LIRIAN: MLESINC
Firm/Company
3425 Sw 1th Street Address MIAMI FL 33,35
Address
Widmi Er 22122
City/State and Zip Code  Misue/cruz 2810@ grail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MIGUEL CRUZ  at (766) 728-2917  Name of Contact Person  at (766) 728-2917  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the Department of State.

Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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 <u>F4ºC·DA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
·····
1. The name of the corporation: LIRIANU PHES TILES INC
2. The principal office address: 3425 SW 1TH STREET  MIANI, 1=LURIVA 33135
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/20/20/8 Document number: [13000] 8548
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)
M16452 (RUZ
695 NE 129TH STREET
NORTH MIAMI, FL 33/61
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MIGUEL CRUZ
3425 SW 7HH STREET
P.O. Box NOT acceptable  MITMI, FL 33/35
The street address of its registered office and the street address of the business office of its registered agents 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 other or director  Ni Guel Cruz, Presi Service  Signature of an other or director  Printed or typed name and title
I hereby devent 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
Signature of Rogistered Agent  Signature of Rogistered Agent  Signature of Rogistered Agent
If signing on behalf of an entity:
LIRIANO TILES INC
Typed or Printed Name  * * * 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)