

P180000 21821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

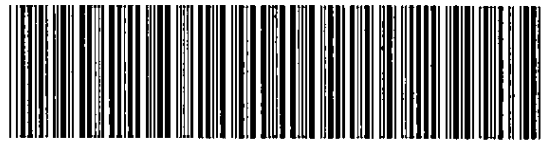
(Document Number)

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2019 JUN -4 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

JUN 12 2019
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **AGUILAS SKY CORP**

Name of Corporation

DOCUMENT NUMBER: **P18000021821**

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:

MIGUEL SANCHEZ

Name of Contact Person

CONSULTING BUSINESS SOLUTION LLC

Firm/Company

9710 STIRLING RD., SUITE 105

Address

COOPER CITY, FL 33027

City/State and Zip Code

msanchez@cbsadvisor.com

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

For further information concerning this matter, please call:

MIGUEL SANCHEZ

Name of Contact Person

at (**305**) **395 0026**

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: AGUILAS SKY CORP
2. The principal office address: 17121 COLLINS AVENUE, 1608, SUNNY ISLES BEACH, FL 33160
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/05/2018 Document number: P18000021821

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)

REGISTER AGENT: BARED, PABLO R ESQ.

201 ALHAMBRA CIRCLE, SUITE 601, CORAL GABLES, FL 33134, US

REGISTER OFFICE: 201 ALHAMBRA CIR STE 601, CORAL GABLES, FL 33134

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

NEW REGISTER OFFICE: Jose Hussni

17121 COLLINS AVENUE, 1608, SUNNY ISLES BEACH, FL 33160

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.

Eliana Cohen Falah

Signature of an officer or director

ELIANA COHEN FALAH - PRESIDENT

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.

Jose Hussni

Signature of Registered Agent

5/28/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FL