P18000028868

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Only/State/Zipir Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Ra Office Change

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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. ENYELIS MULTISERVICES CORP

Name of Corporation

DOCUMENT NUMBER: P18000028868

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:

GARRIDO, YELITZA D

Name of Contact Person

YELITZA D, GARRIDO

Firm/Company

1330 NW 24 AVE

Address

MIAMI, FL 33125

City/State and Zip Code

DRA.GARRIDO41@GMAIL.COM

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

For further information concerning this matter, please call:

GARRIDO, YELITZA D

786 \6035385

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
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

statement of ch	ange is submitted for a corporation of	1.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of FLORIDA		
-		gistered agent, or both, in the State of Florida.		
1. The name of	the corporation: ENYELIS MUL	- IISERVICES CORP		
2. The principal	l office address: 3501 NW 18 S	<u> </u>		
	FL 33125			
3. The mailing a MIAMI,	address (if different): 1330 NW 2 , FL 33125	24 AVE		
4. Date of incor	4. Date of incorporation/qualification: 03/26/18 Document number: P18000028868			
	d street address of the current register urtment of State: (If resigned, enter res	red agent and registered office on file with the signed)		
6. The name and (if changed):	Ç	agent (if changed) and /or registered office	ं क नेन्	
	1330 NW 24 AVE			
	MIAMI, FL 33125	: 3		
	P.O. Box	NOT acceptable	ب بر	
		· · · · · · · · · · · · · · · · · · ·	o 1	
The street address changed will	ess of its registered office and the str	reet address of the business office of its registered a	igent, 3	
Such change wauthorized by	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.		
\ 	\ (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PRESIDENT		
I hereby accept	ure of a price or director the appointment as registered agent	Printed or typed name and title t and agree to act in this capacity.		
I Jurther agree performance of	to comply with the provisions of all : f nv thates, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as registere reflect a change in the registered office address, I ed in writing of this change.	d	
/	(WW)	11/30/2018		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
GARRIDO,	, YELITZA D			
Τ	yped or Printed Name			

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