## P18 000040388

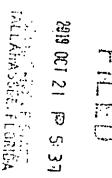
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## **COVER LETTER**

TO: Amendment Section Division of Corporations RIVERA & ROZO SERVICES CORP SUBJECT: Name of Corporation P18000040388 DOCUMENT NUMBER: 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: YERELLY RIVERA ROZO Name of Contact Person Firm/Company 10808 SW 240 TERRACE Address HOMESTEAD, FL 33032 City/State and Zip Code YERELLYRIVERA@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YERELLY RIVERA ROZO 786 Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address:

Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallabassee, Fl. 32301

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

	DIVED 4 9 DOZO C	red agent, or both, in the .		
1. The name of	RIVERA & ROZO S		ND EL 22022	
2. The principal	l office address:	RRACE HOMESTEA	AD, FL 33032	
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 05/01/2018 Docume		Document number:	P18000040388	
5. The name and	d street address of the current registered a artinent of State: (If resigned, enter resigne	gent and registered office (		
	Yerelly Rivera Lopez (Name Chame Cha	ange)		
	10808 SW 240th Terrace		,	
	Homestead, FL 33032	<u>-</u>	2013 - 1213	
6. The name and (if changed):	d street address of the new registered ager		steried.office	
	Yerelly Rivera Rozo		The state of the s	
	10808 SW 240th Terrace	acceptable	5. 3.	
	Homestead, FL 33032	acceptable	بنہ خا 	
The street addreas changed will	ess of its registered office and the street a l be identical.	address of the business of	fice of its registered agent.	
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors of the cha	or by an officer so nge.	
Signatu	Inc of an officer or director	Yexelly Printed or typed in		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and a his document is being filed merely to reflo that the corporation has been notified in	l agree to act in this capa ites relative to the proper except the obligation of my ext a change in the registe i writing of this change.	city. and complete position as registered red office address. I	
- Guly	inature of Registered Agent	October 1	15, 2019	
If signing on be	chalf of an entity:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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