

P18000041480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 31 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Eagle Carrier Corporation  
Name of Corporation

DOCUMENT NUMBER: P18000041480

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:

Luis C. Flores  
Name of Contact Person

Eagle Carrier Corporation  
Firm/Company

2416 N.W. 87th PLACE  
Address

Doral, Florida 33172  
City/State and Zip Code

EagleCarrierCorp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis C. Flores at 863 287-6571  
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**

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: COVE LARRIET CORPORATION  
2. The principal office address: 2476 N.W. 87TH PLACE  
DADE, FLORIDA 33172  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/17/18 Document number: P18000047480

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)

LUIS C. FLORES  
951 S.W. 144TH PLACE  
MIAMI, FLORIDA 33184

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

LUIS C. FLORES  
2476 N.W. 87TH PLACE  
DADE, FLORIDA 33172

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.

Luis C Flores  
Signature of an officer or director

LUIS C. FLORES 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.

Luis C Flores  
Signature of Registered Agent

5/17/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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