

P8000041901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

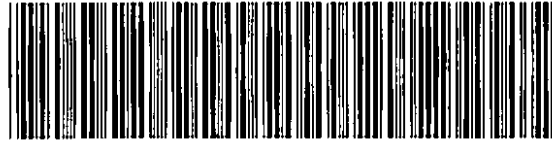
(Business Entity Name)

(Document Number)

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08/30/2021  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FRIDA ENTERPRISES, INC.  
Name of Corporation

DOCUMENT NUMBER: P18000041901

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:

KAREN RIDDELL  
Name of Contact Person

ALL PARTS MOVE, LLC  
Firm/Company

6392 NW 84 AVE  
Address

DORAL, FL. 33166  
City/State and Zip Code

Karen-Riddell@allpartsmove.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Riddell at (786) 391-0511  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: FRIDA ENTERPRISES, INC.
2. The principal office address: 6392 NW 84 AVE  
DORAL, FLORIDA 33166
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: MAY 4, 2018 Document number: P18000041901
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)

RAFAEL E. SOSA PA  
3971 SW 8 ST. SUITE 305  
MIAMI, FL. 33134

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

RICHARD WOLFE  
175 SW 7 ST - LATITUDE ONE - SUITE 214  
MIAMI, FL. 33130  
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.

Signature of an officer or director

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.*

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

GABRIELA A. GUZMAN (DIRECTOR)

\*\*\* 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)

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TALLAHASSEE, FL

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