

P180000 62472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

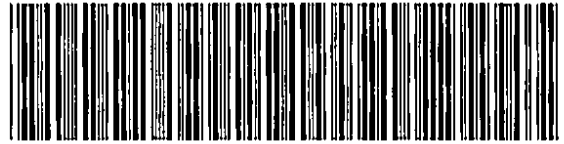
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JUN - 6 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Vela Mayor Corp**

Name of Corporation

DOCUMENT NUMBER: **P18000062472**

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:

Patricia Chiarini

Name of Contact Person

Vela Mayor Corp

Firm/Company

10648 FONTAINEBLEAU BLVD

Address

Miami, FL, 33172

City/State and Zip Code

patychiarini@yahoo.com

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

For further information concerning this matter, please call:

Patricia Chiarini

Name of Contact Person

at (**954**) **2427028**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2019

PATRICIA CHIARINI
10648 FOUNTAINEBLEAU BLVD
MIAMI, FL 33172

SUBJECT: VELA MAYOR CORP
Ref. Number: P18000062472

We have received your document for VELA MAYOR CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The registered agent must sign accepting the designation.

You failed to sign the document in the spaces provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00009861

RECEIVED

2019 JUN -5 AM 10:24

SECRET
TALLAHASSEE, FL

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: Vela Mayor
2. The principal office address: 10648 FONTAINEBLEAU BLVD MIAMI, FL 33172
3. The mailing address (if different): 4278 Derby Dr, Davie, FL 33330

4. Date of incorporation/qualification: 07/17/2018 Document number: P18000062472

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)

Patricia Chiarini

4278 Derby Dr, Davie FL, 33330

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

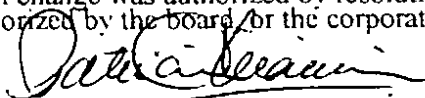
Nerio Amaya

10648 FONTAINEBLEAU BLVD MIAMI, FL 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.

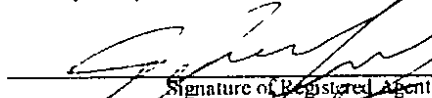
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.


Signature of an officer or director

Patricia Chiarini

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

04/30/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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