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TO:

Amendment Section Division of Corporations

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fice/Agent and fee are submitted for filing.
tter to the following:

port notification)
se call:
at (941) 284-3840 Area Code & Daytime Telephone Number
Area Code & Daytime Telephone Number
partment of State.
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of FLORI egistered agent, or both, in the State of Florida	IDA
	<i>2 2 2 2 2 2 2 2 2 2</i>		<i>a.</i>
1. The name of	the corporation: TORRADOS AUTO	SALESING	
2. The principal BRADENTON.	l office address: 3007 3RD ST W FL 34205		
3. The mailing	address (if different): SAME		
		Document number: P18000074308	
	nd street address of the current registe artment of State: (If resigned, enter re	red agent and registered office on file with the signed)	:
	DORIS SANTOS		
	819 SOUTHERN PINE LN		
	SARASOTA, FL 34243	7	2021
6. The name ar (if changed):	_	dagent (if changed) and /or registered office	
	OSDANY ALVAREZ		<u>=</u> :
	5331 3RD STREET CT W		至 9 3
	BRADENTON, FL 34207	O. Box NOT acceptable	ప
The street addas changed wi	ress of its registered office and the s	treet address of the business office of its regi	istered agent.
Such change wanthorized by	vas authorized by resolution duly ad the board, or the corporation has bee	opted by its board of directors or by an office en notified in writing of the change.	er so
(\$9	<i>7</i>	OSDANY ALVAREZ	
I hereby accept further agree of my duties, a document is be	wields officer or director If the appointment as registered age, to comply with the provisions of all and I am familiar with and accept the eing filed merely to reflect a change s been notified in writing of this cha	l statutes relative to the proper and complete e obligation of my position as registered age in the registered office address, I hereby cor	performanc nt. Or, if thi nfirm that the
(23)		10/13/2020	
<i>V</i>	pehalf of an entity:	Date	
OSDANY ALV	AREZ		
	Typed or Printed Name	C FFF (35.00 + + +	
	* * * FILIN	G 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)