

Priority

_____ (Requestor's Name)

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PICK-UP WAIT MAIL

12/14/18--01007--013 *\$5.00

_____ (Business Entity Name)

_____ (Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

Miami Sandwich & Salads , corp
SUBJECT: _____
Name of Corporation

P1800007964
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:

ANDRES ALVINO ESPINOSA

Name of Contact Person

MIAMI SANDWICH & SALADS , CORP

Firm/Company

3750 NW 28 ST UNIT200

Address

MIAMI , FL , 33142

City/State and Zip Code

SKYPERMITSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

ANDRES ALVINO ESPINOSA at 786 419-8540

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: MIAMI SANDWICH & SALADS, CORP

2. The principal office address: 3759 NW 28 ST , UNIT 200

3. The mailing address (if different):

4. Date of incorporation/qualification: 09/18/2018 Document number: P18000079064

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)

ANDRES ESPINOSA

3750 NW 28 ST , UNIT 200

MIAMI FL 33142

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

ANDRES ALVINO ESPINOSA

3750 NW 28 ST , UNIT 200

P.O. Box NOT acceptable

MIAMI FL 33142

U. S. DEPARTMENT OF STATE
SERVICE STATION
TALLAHASSEE, FL

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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.

SUMMARY OF PROBLEMS OF DISCUSSION

Andres Alvaro Espinosa
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

12/10/18

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
CR2E045 (03/12)