

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	12/17/18==01	უშ5009 ••35.მმ
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: La Chaparrita Food Truck corp

Name of Corporation

DOCUMENT NUMBER: P18000097664

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:

BERTRAN, TRINIDAD S

Name of Contact Person

La Chaparrita Food Truck corp

Firm/Company

1478 NW 102 ST

Address

MIAMI, FL, 33147

City/State and Zip Code

ivanialeon0102@gmail.com

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

For further information concerning this matter, please call:

Trinidad S Bertrand

Name of Contact Person

at (305 ) 414-4134

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: La Chaparrita Food Truck, corp
2. The principal MIAMI, F	office address: 1478 NW 102 ST L 33147
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 11/29/2018 Document number: P18000097664
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	BERTAN, TRINIDAD S
	1428 NW 102 STMIAMI, FL 33142
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office.
	1478 NW 102 ST
	P.O. Box NOT acceptable  MIAMI, FL, 33147
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board of the corporation has been notified in writing of the change.
Signatu	TRIVIDAD SBERTRAND J Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	12/12/18
	half of an entity:
,I.	yped or Printed Name

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

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

CR2E045 (03/12)