

## P19000000135

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## **COVER LETTER**

TO: Amendment Section Division of Corporation	ns	
SUBJECT: LOCAL & INT	ERNATIONAL REAI	LTY CORP.
-	Name of Co	prporation
DOCUMENT NUMBER:	19000000135	
The enclosed Statement of Char	nge of Registered Office	Agent and fee are submitted for filing.
Please return all correspondence	e concerning this matter	to the following:
M	ARIA TONANTE	
	Name of Cont	tact Person
LOCAL 8	& INTERNATIONAL	REALTY CORP.
	Firm/Con	mpany
	8390 W Flagler	St STE 102
	Addre	ess
	Miami	i, FL 33144
	City/State and	d Zip Code
maria@t	tonante.us	
E-mail add	ress: (to be used for fu	iture annual report notification)
For further information concern	ing this matter, please ca	all:
Maria Tonante		786 838 9973
Name of Contac	t Person	_ at ()Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check mad	de payable to the Departn	ment of State.
Ameno Divisio	g Address: Iment Section on of Corporations	Street Address: Amendment Section Division of Corporations
	ox 6327 assec, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

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

statement of change i	s submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of the co	LOCAL & I	INTERNATIONAL REALTY CORP.	
2. The principal office address: 8390 W Flagler St STE 102, Miami, FL 33144, USA			
3. The mailing address	ss (if different):		
4. Date of incorporati	on/qualification:12/26/20	Document number: P19000000135	
5. The name and stree		stered agent and registered office on file with the	
	MARIA TONANTE		
2000 PONCE DE LEON BLVD SUITE 528			
	CORAL GABLES. FL 33134		
6. The name and stree (if changed):	et address of the new register	red agent (if changed) and /or registered office	
	MARIA TONANTI	E	
	8390 W Flagler St STE 102		
8390 W Flagler St STE 102  P.O. Box NOT acceptable Miami, FL 33144, USA			
The street address of as changed will be ic	its registered office and the	e street address of the business office of its registered agent,	
-		adopted by its board of directors or by an officer so been notified in writing of the change.	
•	officer or director	HARIA TONANTE Printed or typed name and title	
I hereby accept the a I further agree to con performance of my d agent. Or, if this do	ppointment as registered as inply with the provisions of a luties, and I am familiar with nument is being filed merely	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change.	
Que	unin	OAI II   19 Date	
	of Registered Agent	Date	
If signing on behalf	of an entity:		
HARIA TONE Typed or	NTE Printed Name	_	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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