

P19000005837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

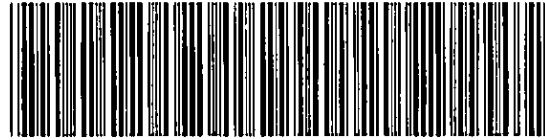
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500323908615

01/31/19--01020--003 **35.00

S TALLENT

FEB 07 2019

FILED
19 JAN 31 PM 5:30
2019

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIRUN PROVIDER INC

Name of Corporation

DOCUMENT NUMBER: P19000005837

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:

MARIA AGUILAR

Name of Contact Person

LIRUN PROVIDER INC

Firm/Company

8103 NW 68 ST

Address

MIRAGE, FL 33186

City & State, ZIP Code

AGUIMASER@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA AGUILAR

954 709-9345

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 6827
Tallahassee, FL 32301

Street Address:

Amendment Section
Division of Corporations
Chilton 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 607.0501, 607.0502, 607.0506, or 617.1506, Florida Statutes, this statement of change is submitted for a corporation, organization, or entity 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: UPON PROVIDER INC

2. The principal office address: 8103 NW 68 ST, MIAMI, FL 33166

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/15/2019 Document number: P19000005837

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)

MILENA MEJIAS - RESIGNED

8103 NW 68 ST

MIAMI, FL 33166

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

MARIA AGUILAR - CHANGE

8103 NW 68 ST

MIAMI, FL 33166

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

MILENA MEJIAS - PRESIDENT

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 the filer

01/15/2019

Date

If signing on behalf of an entity:

MILENA MEJIAS

Signature of the filer

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