P190000 13195

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiliess Efficty Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: PA'LATINOS TRAVEL & SERVICES CORP Name of Corporation |
|---|
| DOCUMENT NUMBER: P19 1000 13195 |
| 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: |
| PRIC TORRES Name of Contact Person PA'LATINO TRAVEL & SERVICES CORP. Firm/Company 28545 SW 142 CORT. Address HOMESTRAD, Pr. 330 33 City/State and Zip Code ETORRES. WFIA O GMAIL. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| PLAC TOWES Name of Contact Person at (305) 300. 734 Z Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Street Address: Amendment Section Amendment Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 corresponding organized under the laws of the State of FLOO.554 | |
|--|-------|
| statement of change is submitted for a corporation organized under the laws of the State of <u>Figilada</u> in order to change its registered office or registered agent, or both, in the State of Florida. | |
| 1. The name of the corporation: PA'LATINOS WAVEL & SELVICES COLP | |
| 2. The principal office address: 7437 SW 24 ST MIAMI, FL 33155 | |
| | |
| 3. The mailing address (if different): 28545 SW 42 CONT, ADMES TRAD | 2 |
| 330 | , = |
| 4. Date of incorporation/qualification: 2/17/2019 Document number: P190000 1319 | 5 |
| 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) | |
| ROMILIO GRUZ | |
| 4254 SW 95 COURT | |
| MIAMI, R. 33165 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| 28545 SW 142 GART 2 | • |
| 28545 SW 142 Cart | |
| E210 TONNES 28545 SW 142 GART PO. Box NOT acceptable PO. Box NOT acceptable PO. Box NOT acceptable PO. Box NOT acceptable | |
| 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 another or director Frinted 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. | |
| 6.25.19 | |
| Signature of Registered Agent Date | |
| If signing on behalf of an entity: | |
| ERIC TORRES | |
| Typed or 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 * * *