## P190000 19 197

(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



500333108765

08/19/19--01005--082 \*\*35.00

SECRETARY OF STATE
ON CORPORATIONS
ON THE PROPERTY OF STATE

So oppies Chand

AUG 2 7 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations FLORIDA GENERAL COUNSEL, P.A. Name of Corporation 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: HUGO L. GARCIA Name of Contact Person FLORIDA GENERAL COUNSEL, I Firm/Company 3403 NW 82 Ave, Suite 101D Address **DORAL**, FL 33122 City/State and Zip Code HGarcia@GeneralCounselFL.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HUGO L. GARCIA

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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, nge is submitted for a corporation organiz r to change its registered office or registere		<i>S</i>
I. The name of t	he corporation. FLORIDA GENER		
2. The principal	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 4/01/2019	Document number: P1900002919	97
5. The name and	I street address of the current registered ago trnent of State: (If resigned, enter resigned)	ent and registered office on file with the	
	HUGO L. GARCIA, ESQ.		
	10461 NW 82 STREET, UNI	<u> </u>	
	DORAL, FL 33178	·	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	
	3403 NW 82 Ave, Suite 101E	),	냪
	Doral, FL 33122		<b>5</b> 등을 하다
	P.O. Box NOT ac	ceptable	61 9Hb 0 35 NO 0 K M
The street address changed will	ess of its registered office and the street ac	ddress of the business office of its registered	i agent, A
		by its board of directors or by an officer so fied in writing of the change.	TATE NATIO 2: 30
- // <sub> </sub>	<u> </u>	Nabila Torres, Esq., President	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent and to comply with the provisions of all statut my duties, and I am familiar with and acc is document is being filed merely to reflec that the corporation has been notified in	agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as registe ct a change in the registered office address.	red I
		8/13/2019	
//	haure of Registered Agent	Date	
т	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 \* \* \*