

P19000062455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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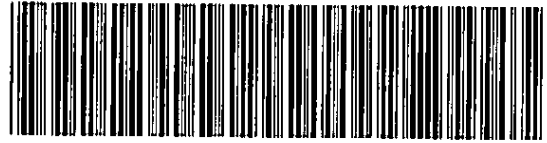
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/13/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JORGE DAVID BENITEZ CAMPOS P.A.
Name of Corporation

DOCUMENT NUMBER: P19000062455

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:

Jorge David Benitez Campos

Name of Contact Person

Firm/Company

5838 Collins Ave Unit 9C

Address

Miami Beach FL 33140

City/State and Zip Code

jorgebenitezsales@gmail.com

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

For further information concerning this matter, please call:

Jorge David Benitez Campos

Name of Contact Person

at (561)

5711488

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 corporation organized 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.

2. The principal office address: 221 E COMMERCIAL BLVD OAKLAND PARK, FL 33334

4. Date of incorporation/qualification: 08/01/2019 Document number: P19000062455

6760 CONGRESS AVE PH7 BOCA RATON, FL 33487

P.O. Box NOT acceptable

Printed or typed name and title

Date _____

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE