## P190000 65973

_	Requestors	Name)	
	(Address)		
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	(City/State/Z	ip/Phone #)	
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	(Business E	ntity Name)	
	(Document I	Number)	
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: C2H5OH MANAGEMENT ADVISOR	RY SERVICES CORP.			
Name of Corporation				
DOCUMENT NUMBER: P19000065973				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:			
Carlos A. Somoza				
Name of Contact Person				
Carlos A, Somoza PL				
Firm/Company				
8724 Sunset Drive, #313				
Address				
Miami, Florida 33173				
City/State and Zip Code	nae aawa			
adplanos e	me, com			
E-mail address: (to be used for future annua	d report notification)			
For further information concerning this matter,	please call:			
Carlos A. Somoza	at (305 )301-4151 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: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations	Division of Corporations			

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04-13)

P.O. Box 6327

Tallahassee, FL 32314

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

1. The name of	the corporation: C2H5OH MANAGEMENT ADVISORY SERVICES CORP.		
2. The principa	d office address; 7776 SW 74TH LN, Miami Florida 33143		
3. The mailing	address (if different):		
4. Date of incor	rporation qualification: 8 16 19 Document number: P19000065973		
	nd street address of the current registered agent and registered office on file with the nrtment of State: (If resigned, enter resigned)		
	LEGALCORP SOLUTIONS, LLC	20:	
	3440 W HOLLYWOOD BLVD, SUITE 415	2020 AUG 10	7
	HOLLYWOOD, FL 33021	010	
6. The name an (if changed):	ad street address of the new registered agent (if changed) and or registered office	PM 2: 00	
	Carlos A. Somoza	ŏ	
	3310 Mary Street, Suite 501		
	P.O. Box NOT acceptable		
	Miami, Florida 33133		
The street addr as changed wil	ress of its registered office and the street address of the business office of its regist If be identical,	tered a	igent.
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	so	
	Antonio Planos, President		
	Timed or typed name and title		
I fuither agrée of my duties, ai document is be	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address. I hereby confirmation of this change.	verfort t. Or irm th	nanca if this at the
	gnature of Registered Agent 8/5/20  Date  Date		
	ehalf of an entity:		
<del></del>	Typed 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 \* \* \*