# P190000 70811

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_
PICK-UP WAIT MAIL
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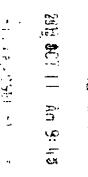




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#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Five Star Tiki Hut Corp

Name of Corporation

P1900070877

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:

### Agustin Guzman Silva

Name of Contact Person

Five Star Tiki Hut Corp

Firm/Company

316 W Palm Dr, Suite 211

Address

Florida City, FL 33034

City/State and Zip Code

#### prontoconsulting@gmail.com

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

For further information concerning this matter, please call:

Agustin Guzman Silva

,,305

746-2838

THE SHOP IN SHOP

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 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, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Florida Star Tiki Hut Corp
2. The principal	office address: 316 W Palm Dr Suite 211
	ity, FL 33034
3. The mailing a Florida	ddress (if different): 316 W Palm Dr Suite 211 City, FL 33034
4. Date of incorp	poration/qualification: 09-06-2019 Document number: P19000070877
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office  Agustin Guzman Silva
	Agustin Guzman Silva
	316 W Palm DR, Suite 211  P.O. Box NOT acceptable  Florida City, FL 33034
	P.O. Box NOT acceptable
	Florida City, FL 33034
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
/	
•	re of an officer or director Printed or typed name and title
I further agree i performance of agent. Or. if th	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 my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Cuif Sig	nature of Registered Agent 10-05 Date Date
-	half of an entity;
_ <del>_</del>	zman Silva
	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 \* \* \*