## P20 0000 14365

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

то:	Amendment Section Division of Corporations	
SUBJ Name	ECT: General Compliance Corporation of Corporation	
DOCI	JMENT NUMBER: P20000014365	
The er	nclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning t	his matter to the following:
	el Lopez	
Name	of Contact Person	
	d Complaince Corporation	
	Company	
	W 11 Street	
Addre	SS	
	ion. Fl 33322	
City/S	tate and Zip Code	
	gcemichael1967@gmail.co	nic
E-mai	I address: (to be used for future anni	ual report notification)
For fu	rther information concerning this matte	r, please call:
Michae	el Lopez	31 (954 \ \708-7198
	Name of Contact Person	at ( 954 ) 708-7198  Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to t	he Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org	anized under the laws of t	he State of Florida		
	r to change its registered office or regi	•	he State of Florida.		
1. The name of t	he corporation: General Compliance C	orporation			
2. The principal	office address: 8723 NW 11 Street - Pla	antation, FI 33322			
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 02/11/20	Document numbe	Document number: P20000014365		
	street address of the current registered timent of State: (If resigned, enter resigned)	-	ce on file with the		
	Michael Lopez				
2625 SW 73rd Way					
	Davie, Fl 33314		2020 APR		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Michael Lopez		27		
2405 SW 17th Ave					
	P.O.1 Ft. Lauderdale, Fl 33315	Box NOT acceptable	AM 10: 00		
The street addre as changed will	ss of its registered office and the stre be identical.	et address of the business	office of its registered agent,		
Such change wa authorized by th	s authorized by resolution duly adop e board, or the corporation has been	ted by its board of directo notified in writing of the	ors or by an officer so change.		
My, G Signatur	/ ~	Michael Lopez	P		
			oed name and title		
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent of comply with the provisions of all stall and accept the of all filled merely to reflect a change in been notified in writing of this chang	and agree to act in this co atures relative to the prop bligation of my position of the registered office addr ge.	ipacity, per and complete performance is registered agent. Or, if this cess, I hereby confirm that the		
Signature At Registered Agent		04/21/2020			
Signature A Registered Agent		1	Date		
If signing on bel	nalf of an entity:				
Ту	ped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*