

P200000021466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

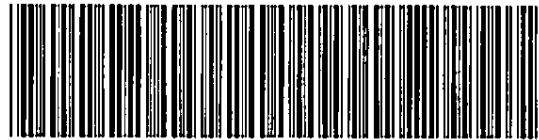
(Business Entity Name)

(Document Number)

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2021 JUN -4 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FL

RA office change

SEP 10 2021

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:
Name of Corporation

Lidia Service S

DOCUMENT NUMBER:

P20000021466

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:

Lidia Castilla

Name of Contact Person

Lidia Service S

Firm/Company

4208 W. 16th Ave #295

Address

thaleah, FL 33012

City/State and Zip Code

Lidia Services @ yahoo

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

For further information concerning this matter, please call:

Lidia Castilla

Name of Contact Person

at

(305) 826-2437

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

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2021 JUN -4 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN -4 AM 11:28

COMM. SEC.
TALLAH. SECT. 1

May 26, 2021

LIDIA CASTILLA
4208 W 16TH AVE #295
HIALEAH, FL 33012

SUBJECT: LIDIA SERVICES INC
Ref. Number: P20000021466

We have received your document for LIDIA SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carlotta L Harper
Document Specialists

Letter Number: 521A00011419

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

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.

1. The name of the corporation: Lidia Services
2. The principal office address: 1840 W. 49th Street
#720 Hialeah, FL 33012
3. The mailing address (if different): 4208 W. 16th Ave #295 Hialeah,
FL 33012
4. Date of incorporation/qualification: 3/5/2020 Document number: P20000021460
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

1555 W. 44th Place #350
Hialeah, FL 33012

change of address (not an home office)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1840 W. 49th Street #720
Hialeah, FL 33012

P.O. Box NOT acceptable

change of address (office)

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2020 JUN -4 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lidia Castilla
Signature of an officer or director

Lidia Castilla
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lidia Castilla
Signature of Registered Agent

6/1/21
Date

If signing on behalf of an entity:

Lidia Castilla
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314