

P20000053755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

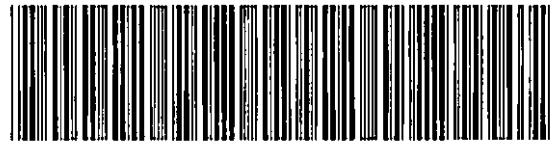
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TALLAHASSEE, FL
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pequero Agency
Name of Corporation

DOCUMENT NUMBER: P20000053755

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:

Olga Pequero
Name of Contact Person

Pequero Agency
Firm/Company

944 NW 65th St
Address

Miami FL 33150
City/State and Zip Code

E-mail address: Olga@Pequeroagency.com
(to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Pequero at (305) 303-5552
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pegueno Agency

2. The principal office address: 944 NW 65th St
Miami FL 33150

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 7/13/2020 Document number: P20000053755

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)

David Delgado
666 W. Flagler St Suite 900
Miami Florida 33130

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

Olga Peguero /owner
944 NW 65th St Miami FL 33150
P.O. Box NOT acceptable

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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.

Olga Peguero
Signature of an officer or director

Olga Peguero
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.

Olga Peguero
Signature of Registered Agent

10/13/2021
Date

If signing on behalf of an entity:

Olga Peguero
Typed or Printed Name

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