

P20000063564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

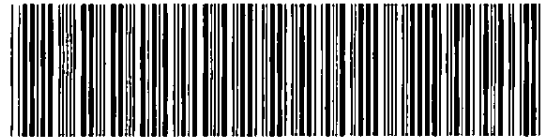
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CLERK OF SUPERIOR COURT

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EVERYONES CHOICE INC

Name of Corporation

**DOCUMENT NUMBER:** P20000063564

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:

Angel Maury

Name of Contact Person

EVERYONES CHOICE INC

Firm/Company

3955 NW 122 TER

Address

SUNRISE FL 33323

City/State and Zip Code

angel@everyoneschoicefl.com

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

For further information concerning this matter, please call:

Angel Maury

at ( 305 )

761-5727

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

1. The name of the corporation: EVERYONES CHOICE INC
2. The principal office address: 38 S Federal Hwy, Dania Beach FL 33004
3. The mailing address (if different): 3955 NW 122 Ter, Sunrise FL 33323
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P20000063564
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)
- ECHEVARRIA, KHEIRY
- 2300 NE 33RD AVE 405
- FORT LAUDERDALE, FL 33305
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Angel Maury

3955 NW 122nd Ter

P.O. Box NOT acceptable

Sunrise FL 33323

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.

Kheiry Echevarria  
Signature of an officer or director

KHEIRY ECHEVARRIA  
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.*

Angel Maury  
Signature of Registered Agent

03/12/2024

Date

If signing on behalf of an entity:

ANGEL MAURY  
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  
CR2E045 (04/13)