

P20 000066661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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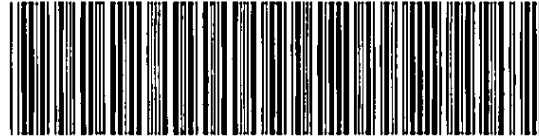
(Business Entity Name)

(Document Number)

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2021 MAY 10 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Belen Multiservices Inc  
Name of Corporation

DOCUMENT NUMBER: P20000066661

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:

Lyen Rodriguez Gomez

Name of Contact Person

Belen multiservices inc

Firm/Company

17715 NW 55th Ct

Address

Miami Gardens, FL 33055

City/State and Zip Code

belenmultiservices@gmail.com

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

For further information concerning this matter, please call:

Lyen Rodriguez Gomez

Name of Contact Person

at (786)

7093467

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: Belen Multiservices inc
2. The principal office address: 17715 NW 55th Ct  
Miami Gardens, FL 33055
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/20/2020 Document number: P20000066661
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)

Lyen Rodriguez

17715 NW 55th Ct. Miami Gardens, FL 33055

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

Lyen Rodriguez Gomez

17715 NW 55th Ct. Miami Gardens, FL 33055

P.O. Box NOT acceptable

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.

  
Signature of an officer or director

Lyen Rodriguez Gomez/ President

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.*

  
Signature of Registered Agent

05/05/2021

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

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