## P21000046578

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

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: CAMILA'S PAINTING AND RENOV of Corporation	/ATION CORP
DOCU	JMENT NUMBER: P21000046578	
The er	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
	n Raudales	
Name	of Contact Person	
	LA'S PAINTING AND RENOVATION CO	RP
Firm/C	Company	
220 NV	W 85TH ST	
Addre:	SS	<del></del>
Miami	Florida 33150	
City/S	tate and Zip Code	
	olga@pegueroagency.com	
E-mai	l address: (to be used for future annua	al report notification)
For fu	rther information concerning this matter,	please call:
Camila	Raudales	at (786 \)539-9515
	Name of Contact Person	at ( <sup>786</sup> ) 539-9515 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	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 c	he provisions of sections 607.0502, 617.05 change is submitted for a corporation orga	mized under the laws of the State of Florid	da		
	der to change its registered office or regis		da.		
1. The name of	of the corporation: CAMILA'S PAINTING	AND RENOVATION CORP.			
2. The princip	oal office address: 220 NW 84th street Mian	ni Florida 33150			
3. The mailing	g address (if different): N/A				
	orporation/qualification: 05/17/2021	Document number: P2100004657	'8		
	and street address of the current registered partment of State: (If resigned, enter resign	÷	ie		
	David Delgado	(	2(		
	66 WEST FLAGLER STREET Suite 90	· •	2022 AUG 1		
	Miami FL 33130	ATAS	<u>ଃ ।  </u> େ	ine.	
6. The name a (if changed)	and street address of the new registered ag ):	unit (නර			
	Camila Raudales		. 2		
	220 NW 84th street				
	P.O. B	tox NOT acceptable			
	Miami Florida 33150				
The street add	dress of its registered office and the stree	et address of the business office of its reg	gistered a	igent,	
Such change authorized by	was authorized by resolution duly adopted the board, or the corporation has been in	ed by its board of directors or by an office of the change.	er so		
Muller	)	Camila Raudales			
Den:	ature of an officer or director	Printed or typed name and title			
I further agree of my duties, a document is b	pt the appointment as registered agent a le to comply with the provisions of all sta and I am familiar with and accept the ob- being filed merely to reflect a change in I aus been notified in writing of this chang	stutes relative to the proper and complet pligation of my position as registered ago the registered office address. I hereby co	e perfori eni. Or infirm the	nance if this at the	
AIII		08/03/2022			
	Signature of Registered Agent	Date			
If signing on t	behalf of an entity:				
Camila Raudal	les				
	Typed or Printed Name				
	* * * FILING F	EE: \$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)