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(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILSON RUIZ CORP
Name of Corporation

DOCUMENT NUMBER: P21000088564

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:

WILSON J RUIZ

Name of Contact Person

WILSON RUIZ CORP

Firm/Company

8857 SW 172 AVE. #138

Address

MIAMI, FL 33196

City/State and Zip Code

EQUESTRIANACADEMYBYWILSONRUIZ@GMAIL.COM

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

For further information concerning this matter, please call:

WILSON J RUIZ

Name of Contact Person

at (786) 340-9247

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: WILSON RUIZ CORP
2. The principal office address: 18925 SW 224 ST, MIAMI, FL 33170

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/11/2021 Document number: P21000088564

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)

CARYNA RIVERON (RESIGNED)

19360 SW 29 CT, MIRAMAR, FL 33029

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

WILSON J. RUIZ PERAZA

18925 SW 224 ST, MIAMI, FL 33170

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.

Wilson Ruiz
Signature of an officer or director

WILSON J RUIZ, PD

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.

Wilson Ruiz
Signature of Registered Agent

27/6/24
Date

If signing on behalf of an entity:

Wilson Ruiz
Typed or Printed Name

Wilson J. Ruiz *** 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)