

P22000057306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

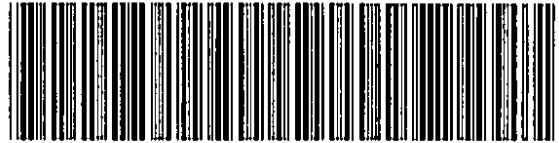
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

New RA must sign

Office Use Only



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07/29/22--01018--014 **35.00

2022 DEC -3 PM 9:11

RA Change

DEC 12 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L.S.A. GENERAL SERVICES, CORP.
Name of Corporation

DOCUMENT NUMBER: P22000057306

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:

PABLO ARGUELLO

Name of Contact Person

L.S.A. GENERAL SERVICES CORP.

Firm/Company

8181 SW 162ND CT

Address

MIAMI, FL 33193

City/State and Zip Code

pablo_arguello@a hotmail.com

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

For further information concerning this matter, please call:

PABLO ARGUELLO

Name of Contact Person

at (305)

494-4877

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2022

PABLO ARGUELLO
I.S.A. GENERAL SERVICES CORP.
8181 SW 162ND CT
MIAMI, FL 33193

SUBJECT: I.S.A. GENERAL SERVICES CORP.
Ref. Number: P22000057306

We have received your document for I.S.A. GENERAL SERVICES CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign the acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 622A00024985

DEC - 5 2022

**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: L.S.A. GENERAL SERVICES CORP
2. The principal office address: 8181 SW 162ND CT, MIAMI, FL 33193
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JULY 18, 2022 Document number: P22000057306
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)

AMANDA JARAMILLO

8906 W. FLAGLER ST # 219, MIAMI, FL 33174

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


PABLO ARGUELLO

8181 SW 162ND CT, MIAMI, FL 33193

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.

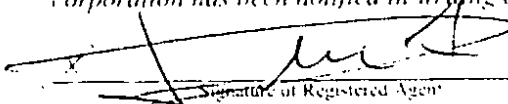


Signature of an officer or director

PABLO ARGUELLO, 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

11-18-2022

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
CR2F045 (03-13)