

P23000042230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

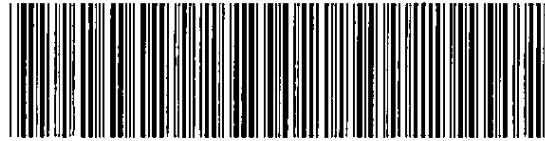
(Business Entity Name)

(Document Number)

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Tallahassee, FL

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A. BUTLER
NOV 16 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: R&R PERSONALIZED DESIGN CORP
Name of Corporation

DOCUMENT NUMBER: P23000042230

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:

Reneria Emilia Garcia Bermudez

Name of Contact Person

R&R PERSONALIZED DESIGN CORP

Firm/Company

Address

10360 sw 186th st, suite 97255, Miami FL, 33197-9998

City/State and Zip Code

reneriag@yahoo.com

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

For further information concerning this matter, please call:

Reneria Emilia Garcia Bermudez

Name of Contact Person

at (786) 2787841

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

1. The name of the corporation: R&R PERSONALIZED DESIGN CORP
2. The principal office address: 66 West Flagler Street suite 900 -#9346, Miami FL, 33130
3. The mailing address (if different): 10360 sw 186th st, suite 97255, Miami FL, 33197-9998
4. Date of incorporation/qualification: 05/28/2023 Document number: P23000042230
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)

Reneria Emilia Garcia Bermudez

20100 sw 114th Ct, Miami FL, 33189

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

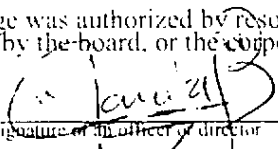
Reneria Emilia Garcia Bermudez

66 West Flagler Street suite 900 -#9346, Miami FL, 33130

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.

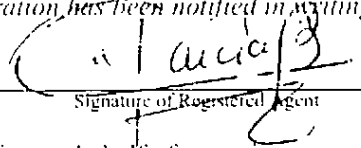
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

RENERIA EMILIA GARCIA BERMUDEZ

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

08/04/2023

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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