# Pa30000LACTIO

(Reque	estor's Name)	
(Addre	ss)	
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(Čity/S	tate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Docun	nent Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer		
	I. HORNE	
ı	YUG 19 2024	

Office Use Only



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08/12/24--01025--021 \*\*35.00



# **COVER LETTER**

Division of Corporations
SUBJECT: AMBE GOOD INC (Name of Corporation)  DOCUMENT NUMBER: P230000 64076
DOCUMENT NUMBER: P230000 64076
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Enrique Barrios (Name of Person)
(Name of Firm/Company)
11983 Pioneers way Apt 2319 (Address)
Orlando Fl. 32832 (City/State and Zip Code)
For further information concerning this matter, please call:
Anny Malave at (407) 4625174  (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### **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

# TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AMBE GROUP INC (Name of Corporation)  DOCUMENT NUMBER: 92300064076
DOCUMENT NUMBER: 92300064076
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Enrique Barrios (Name of Person)
(Name of Firm/Company)
11965 Pioneers way Apt 2213 (Address)
O(lando F) 32932 (City/State and Zip Code)
For further information concerning this matter, please call:
Hnny Malave at (407) 4625174  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida 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

TO:

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Torida.  in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: AMBE GROUP INC	
2. The principal office address: 11965 Pioneers Way Apt 2213  Orlando Fl 32832	_
3. The mailing address (if different):	
4. Date of incorporation/qualification: Document number: $22300064046$	2
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)  2ESIGNED	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  ENRIQUE GARRIOS	
17965 PIONEERS WAY APT 2213	FILEU
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt,
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.	
ANNY Halave President  Anny Halave 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 performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if a document is being filed merely to reflect a change in the registered office address. I hereby confirm that a corporation has been notified in writing of this change.	nce his he
Enrique Darrios  Skinature of Registered Agent  08 - 02 - 2024  Date	_
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FFF - \$25.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)