

P24 0000 2215/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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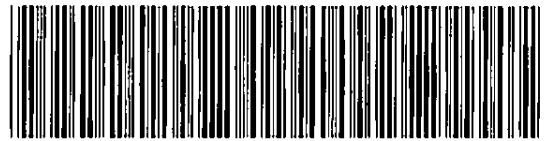
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: FAMCOMPANY CORP
Name of Corporation

DOCUMENT NUMBER: P24000022151

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:

Jose Borda

Name of Contact Person

JN Fingroup Corp

Firm/Company

8333 NW 53 st Suite 450

Address

Doral FL 33166

City/State and Zip Code

info@jnfingroup.com

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

For further information concerning this matter, please call:

Jose Borda

at (786) 547 - 1477

Name of Contact Person

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: FAMCOMPANY CORP
2. The principal office address: 230 SW 117 TERRACE BUILDING 11 APT 101 PEMBROKE PINES, FL 33025
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/22/2024 Document number: P24000022151
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)

BORDA, JOSE G 9013 SW 214TH ST CUTLER BAY, FL 33189

9013 SW 214TH ST

CUTLER BAY, FL 33189

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

CARDONA, MARCELA

230 SW 117 TERRACE

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33025

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.

Marcela Cardona O.

Signature of an officer or director

MARCELA CARDONA

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.

Marcela Cardona O.

Signature of Registered Agent

04/02/2024

Date

If signing on behalf of an entity:

Marcela Cardona

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
CR2E045 (04/13)