

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

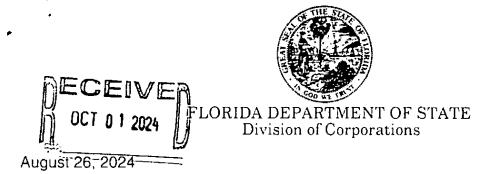
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08/18/24--01021--004 ++35.00

2024 OCT -1 PM 12: 30
TALLAHÁSSEE, FLÖRIÐA



ALAYON, JOSHUA R BIG CASH MONEY REAL ESTATE INCORPORATED 3742 NORTH FEDERAL HWY, STE #1057 LIGHTHOUSE POINT, FL 33064

SUBJECT: BIG CASH MONEY REAL ESTATE INCORPORATED

Ref. Number: P24000050885

We have received your document for BIG CASH MONEY REAL ESTATE INCORPORATED 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 registered agent must sign accepting the designation.

If the corporation is a <u>PROFIT</u> corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6000.

Letter Number: 824A00019058

RUSSELL L HUNT Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: BIG CASH MONEY REAL ESTATE INCO	RPORATED
Name of Corporation	
DOCUMENT NUMBER: P24000050885	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
ALAYON, JOSHUA R	
Name of Contact Person	
BIG CASH MONEY REAL ESTATE INCORPORATED	•
Firm/Company	<del></del>
3742 NORTH FEDERAL HIGHWAY SUITE #1057	
Address	***
LIGHTHOUSE POINT, FL 33064	
City/State and Zip Code	<del></del>
joshua.alayon@gmail.com	
E-mail address: (to be used for future annual repe	ort notification)
•	,
For further information concerning this matter, please	e call:
ALAYON, JOSHUA R	at ( 954 ) 247-1940
Name of Contact Person	at (954) 247-1940  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statut on organized under the laws of the State of FLOR	RIDA	<del></del>
		or registered agent, or both, in the State of Florid NEV REAL ESTATE INCORPORATED	la.	
		NEY REAL ESTATE INCORPORATED		
2. The principal	office address: 31 St. 24111 AVE	UNIT 3 POMPANO BEACH, FL 33062		
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification: 08/02/2024	Document number: P24000050885	j	
5. The name and Florida Depart	I street address of the current regitinent of State: (If resigned, enter	istered agent and registered office on file with the resigned)	e	
	ALAYON, JOSHUA R			
	3742 NORTH FEDERAL HIGH	WAY SUITE #1057	20.	
	LIGHTHOUSE POINT, FL 3306		30 V	 : .
6. The name and (if changed):	I street address of the new registe	way Surre #1057  Greed agent (if changed) and /or registered office  Way Surre #1057  Way Surre #1057	2024 OCT - 1 PM 12: 30	; 1 ;
	ALAYON, JOSHUA R		12:	استا
	3742 NORTH FEDERAL HIGH	WAY SUITE #1057	30	
		P.O. Box NOT acceptable		
	LIGHTHOUSE POINT, FL 3306	.4		
The street addr	ess of its registered office and the be identical.	ne street address of the business office of its reg	istered	agent.
Such change w authorized by t	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an offic been notified in writing of the change.	er so	
000		ALAYON, JOSHUA R CEO		
_	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	agent and agree to act in this capacity. I all statutes relative to the proper and complete I the obligation of my position as registered age age in the registered office address, I hereby co change.	e perfoi ent. Or nfirm ti	rmance if this hat the
0	<u> </u>	09 AUGUST 2024		
Sip	mature of Registered Agent	Date	-	
If signing on be	half of an entity:			
	yped or Printed Name	_		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FŁ 32314

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