

P93000088732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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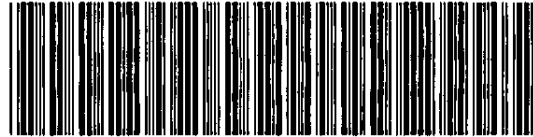
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

2013 MAY 10 AM 11:28

SUBJECT: Compania Dyalia, Inc  
Name of Corporation

DOCUMENT NUMBER: P 93000088732

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:

Reynaldo Gonzalez  
Name of Contact Person

Compania Dyalia  
Firm/Company

7500 NW 69 Ave, R-1  
Address

Melley, Fl. 33166  
City/State and Zip Code

gonrecorp1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reynaldo Gonzalez at (305) 586-3634  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of the corporation: Compania Dyalu  
2. The principal office address: 7500 NW 6400s, R-1  
Maitley, FL 33166  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/30/1993 Document number: P93000088732

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)

Triay, Carlos A  
2301 NW 87th Ave, 501  
Doral, FL 33172

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

PETER M. Lopez, P.A.  
1911 NW 150th Ave, # 201  
P.O. Box NOT acceptable  
Pembroke Pines, FL 33028

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]  
Signature of an officer or director

REYNOLDO GONZALEZ U.P.  
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]  
Signature of Registered Agent

5-8-18  
Date

If signing on behalf of an entity:

Peter Lopez P.A  
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