## 194000063325

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT. FLAMBOYANES. INC.

Name of Corporation

DOCUMENT NUMBER, P940

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:

Teresita Feal

Name of Contact Person

Flamboyanes, Inc.

Firm/Company

808 W 1st Ave.

Address

Hialeah, FL 33010

City/State and Zip Code

tjmfeal@comcast.net

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

For further information concerning this matter, please call:

Teresita Feal

,305

302-0022

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida	
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation.		
2. The principal office address: 808 W 1st Ave. Hialeah, FL 33010		
3. The mailing a	hddress (if different): P.O. Box 452434  FL 332452434	
4. Date of incorporation/qualification: 08/29/1994 Document number: P94000063325		
5. The name and	I street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Business Services & Support Network, Corp.	
	4612 N Hiatus Rd.	
	Sunrise, FL 33351	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Alan C. Gold, P.A.	
	1501 SUNSET DRIVE, 2ND FLOOR	
	P.O. Box NOT acceptable CORAL GABLES, FL 33143	
TD1		
as changed will	ess of its registered office and the street address of the business office of its registered agent, 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.		
Signatu	re of an officer or director  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.		
Sig	nature of Registered Agent Date	
If signing on behalf of an entity:		
ALAN C G	yped or Printed Name	

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