

P450000 23570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

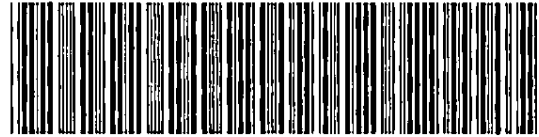
(Business Entity Name)

(Document Number)

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17 DEC 12 AM 8:21
SEP 2017
ALL REQUESTS

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fanstasy Designers, Inc.

DOCUMENT NUMBER: P95000023570

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Molina

Name of Contact Person

Firm/ Company

14068 NW 82 Avenue

Address

Miami, FL 33016

City/ State and Zip Code

luisjr@fantasydesigners.com

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

For further information concerning this matter, please call:

Luis Molina

at (786) 218-2523

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fantasy Designers, Inc.

Name of Corporation

DOCUMENT NUMBER: P95000023570

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:

Luis Molina

Name of Contact Person

Firm/Company

14068 NW 82 Avenue

Address

Miami, FL 33016

City/State and Zip Code

luisjr@fantasydesigners.com ✓

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

For further information concerning this matter, please call:

Luis Molina

Name of Contact Person

at (786) 218-2523

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

1. The name of the corporation: Fantasy Designers, Inc.
2. The principal office address: 14068 NW 82 Avenue, Miami, FL 33016
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/23/1995 Document number: P95000023570

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)

Maria Molina

14068 NW 82 Avenue

Miami, FL 33016

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

Luis Molina

14068 NW 82 Avenue

P.O. Box NOT acceptable

Miami, FL 33016

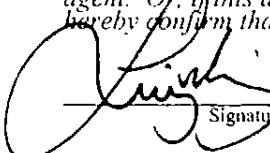
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Maria Molina PT
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. If, in 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 of Registered Agent

12-1-17
Date

If signing on behalf of an entity:

Luis Molina

Typed or Printed Name

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

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TALLAHASSEE, FL 32314