

P97000076779

(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:

Office Use Only



400295781984

02/21/17--01017--012 **35.00

S TALLENT
FEB 28 2017

R/R-CH

FILED
17 FEB 21 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LE JEUNE AIRPORT PARK SUITES INC
Name of Corporation

DOCUMENT NUMBER: P97000076779

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:

RAFAEL GARCIA

Name of Contact Person

LE JEUNE AIRPORT PARK SUITES INC

Firm/Company

7685 NW 12 ST.

Address

MIAMI, FL 33126

City/State and Zip Code

ESTANCIAHOTEL@GMAIL.COM ✓

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

For further information concerning this matter, please call:

RAFAEL GARCIA

Name of Contact Person

at (305) 297-4609

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: LE JEUNE AIRPORT PARK SUITES, INC.
2. The principal office address: 7685 NW 12 ST.
MIAMI, FL 33126
3. The mailing address (if different): 7685 NW 12 ST. MIAMI, FL 33126
4. Date of incorporation/qualification: 09/05/1997 Document number: P9700007679
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)

RAFAEL GARCIA
6959 SUNRISE DR.
CORAL GABLES, FL 33133

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

RAFAEL GARCIA
7685 NW 12 ST.
MIAMI, FL 33126

P.O. Box NOT acceptable

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

SALVADOR CARBALLO - 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.


Signature of Registered Agent

2/14/17
Date

If signing on behalf of an entity:

RAFAEL GARCIA
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

FILED
17 FEB 21 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA