

P97000104808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: P. L. R. INVESTMENTS AND MANAGEMENT, INC.
Name of Corporation

DOCUMENT NUMBER: P 97000104808

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:

HORACIO ROSSI

Name of Contact Person

P. L. R. INVESTMENTS AND MGT., INC.

Firm/Company

7500 NW 25 ST. - STE. 243

Address

MIAMI FL 33122

City/State and Zip Code

NONNDHORACIO2 GMAIL.COM

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

NEW ADDRESS →

For further information concerning this matter, please call:

HORACIO ROSSI

Name of Contact Person

at (305) 471-0968

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

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: P.L.R. INVESTMENTS AND MGT. INC.
2. The principal office address: 10975 NW 29 ST. - STE 201
MIAMI FL 33172
3. The mailing address (if different): 7500 NW 25 ST. - STE. 243
MIAMI FL 33122
4. Date of incorporation/qualification: 12-12-1997 Document number: P97000104808
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)

TRAVIESO & ALVAREZ TAX & FINANCIAL SERVICES, INC
175 SW 7TH STREET
NO. 1716
MIAMI, FL 33130 US

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

HORACIO ROSSI
7500 NW 25 ST.

STE. 243

P.O. Box NOT acceptable

MIAMI FL 33122

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

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

Date

If signing on behalf of an entity:

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

CD35045 (02/12)

15 MAY 14 AM 8:25