## P9800091230

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R. WHITE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Talina Enterprises Inc

Name of Corporation

DOCUMENT NUMBER:

P98000096250

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:

Luz Marina Paz

Name of Contact Person

Talina Enterprises Inc

Firm/Company

30 Grand Bay Estates

Address

Key Biscayne FI 33149

City/State and Zip Code

eje582@icloud.com

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

For further information concerning this matter, please call:

Guillermo Iglesias

\_,305

4717545

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 inge is submitted for a corporation organiz or to change its registered office or register	zed under the laws of the State of	Florida	
1. The name of	the corporation: Talina Enterprise office address: 30 Grand Bay Est	s Inc		
<del></del>	ayne, Florida 33149		- <u></u>	
	ddress (if different): 2 SW 24th Roa Florida 33129	ad		
4. Date of incorp	of incorporation/qualification: 11/16/1998 Document number: P98000096250			
5. The name and	d street address of the current registered ag rtment of State: (If resigned, enter resigned		ith the	
	Resigned			
			16 JUL SELECTION	*", <b>'</b> \$
6. The name and (if changed):	l street address of the new registered agent	t (if changed) and /or registered of	fice 5	
	Best Accounting Inc			A THE STREET
	10200 NW 25th street Suite 2	209		
	P.O. Box NOT a Doral, Florida 33172	cceptable		
The street address changed will	ess of its registered office and the street ac be identical.	ddress of the business office of it	s registered ager	ıt,
Such change was authorized by	as authorized by resolution duly adopted be beared; or the comporation has been notified.	fied in writing of the change.	officer so	
Signatu	re of an officer or director	Luz M Paz DPS  Printed or typed name and titl	le .	
I hereby accept I further agree I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statut my duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	agree to act in this capacity. tes relative to the proper and com cept the obligation of my position ct a change in the registered offic writing of this change.	aplete i as registered ee address, l	
	Plane La Lision Inature of Registered Agent	7/12/2016 Date		
If signing on be	half of an entity:			
Suis	ypcd or Printed Name			
Guille	eno Igles is * * * FILING FEE	: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)