

P98008100498

(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



100051839251

05/06/05--01040--009 **35.00

FILED
05 MAY -6 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong

C. Coulllette MAY 13 2005

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

1. The name of the corporation: CARLIND CORP.
2. The principal office address: 15613 S.W. 50th TERR.
MIAMI - FL - 33185
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: _____

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Luis F. De la Cruz, Jr.
241 Sevilla Avenue Suite 805
Coral Gables, FL. 33134

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

Luis F. De la Cruz, Jr.
Two Alhambra Plaza Penthouse 2-C
Coral Gables, FL. 33134

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)

MARIO CARVALAL - PRESIDENT
(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

FILED
05 MAY -6 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL 32314