

P9900000 1425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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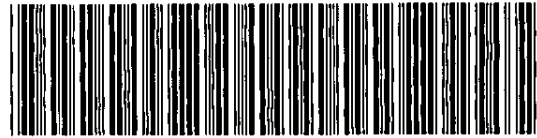
(Business Entity Name)

(Document Number)

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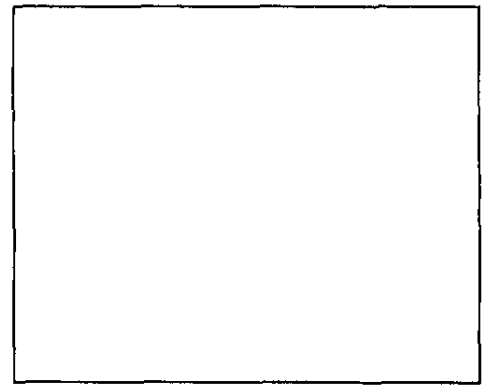
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ENTITY NAME:

BUEN PASO CORPORATION

CK# 6940      FOR \$70.00      (\$35.00 for this filing)

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE  
FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

**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: Buen Paso Corporation
2. The principal office address: 12441 SW 130th Street, Miami, FL 33186
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 01/06/1999 Document number: P99000001425

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)

IAG Corporate Services, Inc.

601 Brickell Key Drive, Suite 507

Miami, FL 33131

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

Atrium Registered Agents, Inc.

1500 San Remo Ave., Suite 125

P.O. Box NOT acceptable

Coral Gables, FL 33146

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

Guillermo Younger, 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

June 9, 2015  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Ralph A. Nardi

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  
CR2E045 (03/12)

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TALLAHASSEE, FLORIDA

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