

P99000008940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hospitality Management Distributors Inc
Name of Corporation

DOCUMENT NUMBER: P99000008940

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:

Omar Fleches
Name of Contact Person

Hospitality Management Distributors Inc
Firm/Company

16233 NW 84th Place
Address

Miami Lakes Florida 33016
City/State and Zip Code

ofleches@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omar Fleches at (786) 4123076
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**

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: Hospitality Management Distributors Inc
2. The principal office address: 3440 West 84th Street Bay 105 Hialeah Florida 33018
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/28/1999 Document number: P99000008940
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)

Omar Fleches

16825 NW 83rd Court

Miami Lakes Florida 33016

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

Omar Fleches

3440 West 84th Street, Bay 105

P.O. Box NOT acceptable

Hialeah Florida 33018

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

Omar Fleches / 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

6-20-2011

Date

If signing on behalf of an entity:

Omar Fleches

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

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TALLAHASSEE, FL 32314