## 645010

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

**SUBJECT:** Matimex Corporation

Name of Corporation

DOCUMENT NUMBER:

G45010

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:

Matilde Aguirre

Name of Contact Person

**Matimex Corporation** 

Firm/Company

1607 Ponce de Leon Blvd. Suite 204

Address

Coral Gables, FI 33134

City/State and Zip Code

maty@matildeaguirre.com

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

For further information concerning this matter, please call:

Matilde Aguirre

,786

347-8250

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, 617.050 inge is submitted for a corporation organ r to change its registered office or regist	iized under the laws of the Stat	re of Florida	
1. The name of	the corporation: MATIMEX CORP	ORATION		
2. The principal	office address: 1607 Ponce de Le bles, Fl 33134	eon Blvd. Suite 204		
-				
4. Date of incorp	poration/qualification: 5/24/1983	Document number: G4	5010	
	I street address of the current registered a tment of State: (If resigned, enter resigne		ile with the	
	Matilde Aguirre			
	1607 Ponce de Leon Blvd. S	Suite 105		
	Coral Gables, Fl 33134			
6. The name and (if changed):	I street address of the new registered age Mathle Agule e 1607 Ponce de Leon Blvd. S		2019 HAY 22 TALLAHA	
	Coral Gables, Fl 33134			
	P.O. Box NOT	acceptable	SSEE TO	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office	of its region red agent.	
Such change wa authorized by th	is authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by tilled in writing of the change	v an officer so	
Mari	ide aguille	Matilde Aguirre Dire		
I further agree t performance of agent. Or, if the	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refl that the corporation has been notified in	ites relative to the proper and ecept the obligation of my pos ect a change in the registered	l complete sition as registered	
May	ude Courte	May 20, 2019		
If signing on be	half of an entity:			
Matilde Agu	uirre			
Ty	ped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314

\* \* \* FILING FEE: \$35.00 \* \* \*