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TO:

Amendment Section Division of Corporations

SURJECT: CZAN, INC.

Name of Corporation

DOCUMENT NUMBER: P06000006902

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:

INDYARA CATRAMBY ANDION PIQUET

Name of Contact Person

PIQUET LAW FIRM, PA

Firm/Company

1000 BRICKELL AVENUE, SUITE 201

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

JANINI@PIQUETLAWFIRM.COM

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

For further information concerning this matter, please call:

INDYARA CATRAMBY ANDION PIQUET

,786

558-8054

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

•	· · · · · · · · · · · · · · · · · · ·	9502, 607.1508, or 617.1508, Florida ganized under the laws of the State of	•	
in orde	r to change its registered office or reg	sistered agent, or both, in the State of	Florida.	
1. The name of	he corporation: CZAN, INC.			
2. The principal	office address: 21103 NE 38TH	AVENUE, AVENTURA, FL	. 33180	
3. The mailing a	ddress (if different): SAME			
	poration/qualification: 01/18/2006	Document number: P0600	00006902	
5. The name and		d agent and registered office on file w		
	EDISON GUILHERMON C	ORTEZ FILHO	_	
	21103 NE 38TH AVENUE		_	
	AVENTURA, FL 33180		-	
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered of	2019 HAR SEGR: 1	T,
	PROFESSIONAL CORPO	RATE SERVICES, LLC	R 20	1.4.17.5
	1000 BRICKELL AVENUE	•	- 位 - 学年 君	
	P.O. Box 1	NOT acceptable	- KE AR 9:	
The street address changed will	ess of its registered office and the str	eet address of the business office of i	ts registered agen	ıt,
Ü		ted by its board of directors or by an notified in writing of the change.	officer so	
x <		Edison Guilhermon Cortez F		
I hereby accept I further agree to performance of	my duties, and I am familiar with an	Printed or typed name and to and agree to act in this capacity, tatutes relative to the proper and con d accept the obligation of my position effect a change in the registered offic d in writing of this change.	nplete n as registered	
the formand		03/13/2019	}	
/ . ~	half of an entity:	Date		
Janini Alme	•			
	yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (93/12)

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