

P 06 0001 1755/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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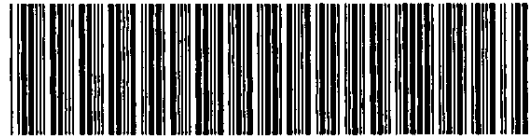
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

9/4/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALTEX USA CORPORATION

Name of Corporation

DOCUMENT NUMBER: P0600017551

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:

YOLANDA ESCOBAR

Name of Contact Person

ALTEX USA CORPORATION

Firm/Company

3225 AVIATION AVENUE, SUITE 600

Address

COCONUT GROVE, FL 33133

City/State and Zip Code

MESCOBAR@GRUPOALTEX.COM

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

For further information concerning this matter, please call:

YOLANDA ESCOBAR

Name of Contact Person

at (305) 915 1844

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2013

YOLANDA ESCOBAR
3225 AVIATION AVE., STE 600
COCONUT GROVE, FL 33133

SUBJECT: ALTEX USA CORPORATION
Ref. Number: P06000117551

We have received your document for ALTEX USA CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 013A00019193

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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: ALTEX USA COPROATION

2. The principal office address: 3225 AVIATION AVE, SUITE 600, COCONUT GROVE, FL, 33133

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09-12-2006 Document number: P06000117551

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)

CRAIG G BELL, 3225 AVIATION AVE, SUITE 600,
COCONUT GROVE, FL

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TALLAHASSEE, FLORIDA

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

MARTHA YOLANDA ESCOBAR, 3225 AVIATION AVE,
SUITE 600, COCONUT GROVE, FL 33133

P.O. Box NOT acceptable

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.

Martha Yolanda Escobar
Signature of an officer or director

MARTHA YOLANDA ESCOBAR
OFFICE MANAGER
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.

Martha Yolanda Escobar
Signature of Registered Agent

08/28/2013
Date

If signing on behalf of an entity:

Typed or Printed Name

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