

P10 000026193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

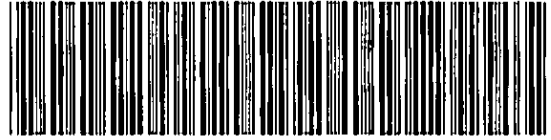
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUN 14 P 12 10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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JUN 15 2018

T. LEMMON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ONE LATAM, INC.
Name of Corporation

DOCUMENT NUMBER: P10000026193

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:

Guillermo Diaz de Leon
Name of Contact Person

ONE LATAM, INC.
Firm/Company

1321 Campo Sano Avenue
Address

Miami, FL 33146
City/State and Zip Code

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

For further information concerning this matter, please call:

Guillermo Diaz de Leon at (305 794 2203)
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: ONE LATAM, INC.
- 2. The principal office address: 1172 South Dixie Hwy 200
Coral Gables, FL 3314
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 03/24/2010 Document number: P10000026193

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)

LOGICA, PA
400 NW 26 ST
Miami, FL 33127

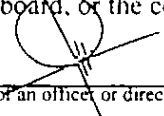
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LOGICA, PA
1111 Brickel Avenue, Suite 175
P O Box NOT acceptable
Miami, Florida 33131

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 Diaz de Leon CEO

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.

Camilo Espinoza

Signature of Registered Agent

05/15/2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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