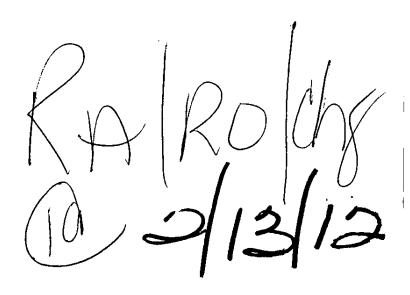
(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Applied Global Resources, Inc. Name of Corporation
DOCUMENT NUMBER: P11000058902
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:
Hector R. Torres
Name of Contact Person
Applied Global Resources, Inc.
Firm/Company
19277 SW 65th St
Address
Fort Lauderdale, FL 33332
Fort Lauderdale, FL 33332 City/State and Zip Code
norican09@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hector R. Torres at (305) 216-6224 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

م بامو ش	und
	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of cha	inge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Applied Global Resources, Inc.
	office address: 19277 SW 65th St, Ft Lauderdale, FL 33332
2. The principal	office madess.
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: June 6, 2011 Document number: P11000058902
	d street address of the current registered agent and registered office on file with the
Florida Depar	rtment of State: (If resigned, enter resigned)
	Perez, Axel J.
	8600 NW 53rd Terrace, Suite 123
	Doral, FL 33166
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
(II changea).	2 T
	Hector R. Torres
	Hector R. Torres 19277 SW 65th Street P.O. Box NOT acceptable Fort Lauderdale, FL 33332
	P.O. Box NOT acceptable
	Fort Lauderdale, FL 33332
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
2	Hector R. Torres, President/CEO
Signatu	pe of an officer or director Printed or typed name and title
I hereby accept I further agree of my duties, an document is bet corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this and filed merely to reflect a change in the registered office address, I hereby confirm that the speed notified in writing of this change.
Sorper and Market	
	mature of Registered Agent / Date
	mature of Registered Agent / Date
If signing on be	chalf of an entity:
1	
<u></u>	yped 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 CR2E045 (8/05)