## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

R. WHITE

Division of Corporations

Fax Number

: (850)517-6380

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone : (850)222-1173 Fax Number : (850)224-1640

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleasents.

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## REGISTERED AGENT CHANGE SOFIDEL AMERICA CORP.

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## H130000549653

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

statement of ch	is provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of Florida.	_	
I. The name of	of the corporations Sofidal America Corp.		
2. The princips	oal office address: 1006 Marley Drive, Haines City, FL 33844		
3. The malling	g address (if different):		
4. Date of incom	orporation/qualification: 8/21/2012 Document number: P12000071735		
	and street address of the current registered agent and registered office on file with the partment of State; (If resigned, enter resigned)		
	Auge, Philippe		
		ದ	
	Halnes City, FL 33844	22	٠.,
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered office ():	<del>න</del> - ස	
	NRAI Services, Inc.		(7)
	1200 South Pine Island Road	0: 2	
	P.O. Box NOT occeptable  Plantation, FL 33324	<u>%</u>	
The street addr	dress of its registered office and the street address of the business office of its registered ag	zent,	
	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
A) 0	Angelo Della Maggiora, Secretary	<b></b> ,	
, .	pt the appointment as registered agent and agree to act in this capacity, is to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and gocept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I must the corporation has been notified in writing of this change.	ſ	
A		<b></b>	•
	behalf of an entity:		
	arnell, Assistant Secretary		
	Typed or Printed Name		

\* \* \* PILING FEE: \$35,00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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