

F 13 000004292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

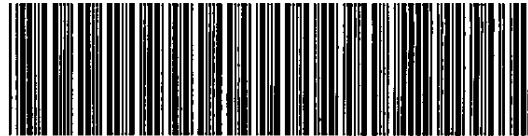
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/16--01003--011 **35.00

r/a Chg

MAY 24 2016

R. WHITE

SECRETARY OF STATE
FILED/ASST 11/06/16

16 MAY 23 AM 9:51

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AWAYO, INC.
Name of Corporation

DOCUMENT NUMBER: F13000004292

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:

PERLA KOZINER
Name of Contact Person

Firm/Company

1401 BRICKELL AVE, STE 330
Address

MIAMI, FL 33131
City/State and Zip Code

pkoziner@basc.com.bo
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR RENJEL at (305) 505 3549
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AWAYO INC
2. The principal office address: 19400 TURNBERRY WAY, SUITE 512, AVENTURA
FL 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____

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)

PERLA KOZINER
600 BRICKELL AVENUE, SUITE 3500
MIAMI, FL 33131

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

PERLA KOZINER
1401 BRICKELL AVE, STE 330
P.O. Box NOT acceptable
MIAMI FL 33131

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16 MAY 23 AM 9:51
STATE OF FLORIDA
TALLAHASSEE

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]
Signature of an officer or director

PERLA KOZINER - OFFICER
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.

[Signature]
Signature of Registered Agent

05/16/16
Date

If signing on behalf of an entity:

Typed 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
CORP045 (02/13)