P2000006603Z

(Requestor's Name)						
(Address)						
(Address)						
(110.000)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MA	AIL					
(Business Entity Name)						
(Document Number)						
(Beestine in Names)						
Certified Copies Certificates of Status _						
Special Instructions to Filing Officer:						
Special mediations to 1 ming of media						





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FILED
2021 JUN -4 PH 9: 32
SECRETARY OF STATE
TALLAHASSEF

6/17/27

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ Name	ECT: IMPLAUSA CORPORATION of Corporation		
DOC	JMENT NUMBER: P20000066032		
The er	nclosed Statement of Change of Registere	d Office/Agent and fee	are submitted for filing.
Please	return all correspondence concerning this	s matter to the following	:
	VILLAR		
Name	of Contact Person		
	SW 87 AVE STE 301		
	Company		
	SW 87 AVE STE 301		
Addre			
	11, FL 33165	<u> </u>	
City/S	tate and Zip Code		
	jvillar@villarcpa.com		
E-mai	l address: (to be used for future annua	al report notification)	
For fu	rther information concerning this matter,	please call:	
JOSE	VILLAR	at (305) 448-1648
	Name of Contact Person	Area Code) 448-1648 e & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	e Department of State.	
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Se Division of Co	ection

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submittee	I for a corporation orga	502, 607.1508, or 617.1508, F anized under the laws of the St stered agent, or both, in the St	tate of FLORIDA	
1. The name of t	he corporation	IMPLAUSA CORPOR	ATION		
2. The principal DORAL, FL 331	office address:	2350 NW 93RD AVENU	JE		
4. Date of incorp	oration/qualific	eation: 08/19/2020	Document number:	P20000066032	
		of the current registered (If resigned, enter resig	lagent and registered office or ned)	n file with the	
	COGENCY G	OBAL INC.		SE .02	วกว
	115 N. CALHO	OUN STREET SUITE 4		CRET	
	TALLAHASS	EE, FL 32301			- J
6. The name and (if changed):	l street address	of the new registered ag	gent (if changed) and /or regist	SSEE STA	PH o. vo
	JOSE A. VILL	AR CPA PA]. JE	3
	3850 SW 87 A	VE STE 301			
			Box NOT acceptable		
		ered office and the stre	et address of the business off ted by its board of directors on notified in writing of the char		gent,
Edua	d []		EDUARDO FERREIRA S	SIMOES - CEO	
I hereby accept I further agree of my duties, ar document's be	the appointme to comply with ad I am familia ing filed merely	nt as revistered agent	Printed or typed if and agree to act in this capac atutes relative to the proper of bligation of my position as re the registered office address, ge.	city.	nance if this it the
			MAY, 13, 2021		
If signing on by	\setminus	y :	Date		_ _
	Men or 1 timen than		FPC 675.00 + 4 +		

* * * 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 (04/13)

