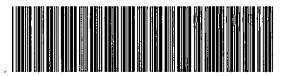
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JIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TAR MAC PRODUCTS, INC. Name of Corporation
DOCUMENT NUMBER: 398190
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:
XAVIER L. SUARTE
Name of Contact Person
Name of Contact Person LAW OFFICE OF XAVIETE SUITE Firm/Company
Firm/Company
145 S.E. 25 RL # 1/02
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Xavicra L. Sulfact at (30 T) 496 8484 55 Name of Contact Person Area Code & Daytime Telephone Number 55 Enclosed is a \$35.00 check made payable to the Department of State.
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

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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

CR2E045 (03/12)

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: TARMA PRODUCTS, INC.
2. The principal office address: 16311 N.W. 57406.
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/27/1972 Document number: 398190
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)
JUAN C. Billocu
13880 E.W. 68 B AUs.
minni, Fl. 33/58
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): AVIER L. SUAREZ
145 S.E. 25 P.724 4 1102 P.O. Box NOT acceptable
Hiami, Fl. 33129
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 anothicer or director Printed or typed name and fills
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.
JUL 23/17
Signature of Registered Agent 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
CR2E045 (03/12)