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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380
From: Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

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REGISTERED AGENT CHANGE
CACIQUE DISTRIBUTORS, U.S., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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9/29/18

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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 CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CACIQUE DISTRIBUTORS, U.S., INC.
2. The principal office address: 14923 PROCTOR AVENUE, LA PUENTE CA 91746
3. The mailing address (if different): C/O DE CARDENAS LAW GROUP, APLC,
199 S. LOS ROBLES AVENUE, SUITE 440, PASADENA CA 91101 US
4. Date of incorporation/qualification: 04/13/2001 Document number: F01000002007
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)

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

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

PARACORP INCORPORATED
236 EAST 6TH AVENUE
P.O. Box NOT acceptable
TALLAHASSEE, FL 32303

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TALLAHASSEE, FLORIDA

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.

X [Signature]
Signature of an Officer or Director

Gilbert B. de Cardenas, COO
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.

*SEE ATTACHED

Signature of Registered Agent

9/25/11
Date

If signing on behalf of an entity:

PARACORP INCORPORATED
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

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: September 29, 2011

ENTITY NAME: CACIQUE DISTRIBUTORS, U.S., INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

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