

F030000G3S/9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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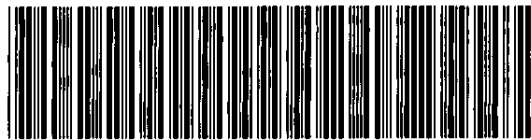
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
17 MAY -9 PM 12:06

2017 MAY -9 A 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATE  
ACCESS,  
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236 East 6th Avenue, Tallahassee, Florida 32303  
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**PICK UP:** 5/9 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
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- ☒ **FILING** RA change \_\_\_\_\_

1. **ENVIOS DE VALORES LA NACIONAL CORP.**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Envios de Valores La Nacional Corp.  
Name of Corporation

**DOCUMENT NUMBER:** F03000003519

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:

George Brown

Name of Contact Person

Merle, Brown & Nakamura, P.C.

Firm/Company

90 Broad Street, Suite 2201

Address

New York, NY 10004

City/State and Zip Code

g.brown@mbnpc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Brown

Name of Contact Person

at 212 471-2990

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

1. The name of the corporation: ENVIOS DE VALORES LA NACIONAL CORP.  
2. The principal office address: 566 W 207TH ST; NEW YORK, NY 10034  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/11/2003 Document number: F03000003519

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)

TRAC - THE REGISTERED AGENT COMPANY

1574 Village Square Blvd Suite 100; Tallahassee, FL 32309

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

TRAC - THE REGISTERED AGENT COMPANY

236 E. 6th Avenue; Tallahassee, FL 32303

P.O. Box NOT acceptable


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TALLAHASSEE, FLORIDA

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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 an officer or director

Alan Friedman, President

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 of Registered Agent

5-8-17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Kelli Puller, Vice President

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)