

F12 0000005041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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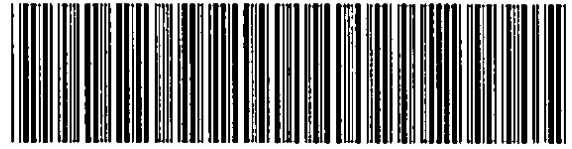
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Y SULKER

DEC 28 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FINANCIERA IMPORTADORA Y EXPORTADORA, ZONA LIBRE DE COLON
Name of Corporation

DOCUMENT NUMBER: F12000005041

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:

Lourdes Medina

Name of Contact Person

Austro Financial Services, INC.

Firm/Company

520 BRICKELL KEY DRIVE Suite 207

Address

MIAMI, FL 33131

City/State and Zip Code

bluelighthouse Realty@gmail.com

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

For further information concerning this matter, please call:

Jorge Zea

Name of Contact Person

at (305)

2447242

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: FINANCIERA IMPORTADORA Y EXPORTADORA, ZONA LIBRE DE COLO
2. The principal office address: (NEW ADDRESS) 520 BRICKELL KEY DRIVE Suite 207, Miami FL 33131

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/14/2012 Document number: F12000005041

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)

resigned

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

Gladys Eljuri

520 BRICKELL KEY DRIVE Suite 207

P.O. Box NOT acceptable

Miami FL 33131

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.

Gladys Eljuri
Signature of an officer or director

Gladys Eljuri (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.

Gladys Eljuri
Signature of Registered Agent

DEC 04, 2021
Date

If signing on behalf of an entity:

Gladys Eljuri

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 (04/13)

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