

F15D000002495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11/16/15--01034--021 **25.00

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2015 DEC 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R0/chg

DEC 23 2015
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TS WACHES INTERNATIONAL SA INC
Name of Corporation

DOCUMENT NUMBER: F15000002495

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:

Albert Borda

Name of Contact Person

Albert Borda, P.A.

Firm/Company

5975 Sunset Drive, Suite 705

Address

Miami, FL 33143

City/State and Zip Code

albert@bordasiplaw.com

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

For further information concerning this matter, please call:

Albert Borda

Name of Contact Person

at (305) 669-9848

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2015

ALBERT BORDAS
ALBERT BORDAS, PA
5975 SUNSET DRIVE - STE. 705
MIAMI, FL 33143

SUBJECT: TS WACHES INTERNATIONAL SA, INC.
Ref. Number: F15000002495

We have received your document for TS WACHES INTERNATIONAL SA, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 115A00025672

RECEIVED
15 DEC 21 AM 10:49

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

1. The name of the corporation: TS Wackes International SA, INC
2. The principal office address: ZONA libre de Colon Calle 14 -C Ave.
Roosevelt Manzana 8 local 2 y 3, Provincia de Colon, Panama
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/02/2015 Document number: F15000002495

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)

Albert Borda s
5975 Sunset Drive, Suite 607
Miami, FL 33143

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

Albert Borda s
5975 Sunset Drive, Suite 705
Miami, FL 33143

P.O. Box NOT acceptable

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2015 DEC 21 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

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

Date

12/14/15

If signing on behalf of an entity:

Albert Borda s
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)