

F15000 002 986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

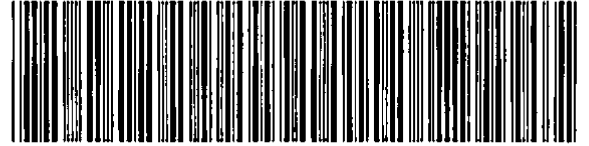
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PISTOLATUM INC
Name of Corporation

DOCUMENT NUMBER: F15000002986

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:

RENE VICENTE

Name of Contact Person

PISTOLATUM INC

Firm/Company

76 EAST MERRITT ISLAND CSWY #205

Address

MERRITT ISLAND, FL. 32952

City/State and Zip Code

PISTOLATUM INC@GMAIL.COM

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

For further information concerning this matter, please call:

RENE VICENTE

Name of Contact Person

at (321) 284-8116

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

1. The name of the corporation: PISTOLATUM INC
2. The principal office address: 76 EAST MERRITT ISLAND CSWY #205
MERRITT ISLAND, FL. 32952
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/15/2015 Document number: F15000002986

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)

RENE VICENTE

76 EAST MERRITT ISLAND CSWY #205

MERRITT ISLAND, FLORIDA 32952

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

ARMANDO JESUS LAMAZARES

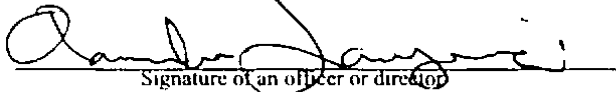
5925 NW 110TH STREET

P.O. Box NOT acceptable

HIALEAH, FLORIDA 33012

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 and officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

TREASURY

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.

07/24/2019

Date

If signing on behalf of an entity:

RENE VICENTE

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