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Office Use Only



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COVER LETTER

	Amendment Section Division of Corporations			
SUBJEC Name of	CT: CPVEN OIL CONSULTING USA	, INC.		
DOCUM	1ENT NUMBER: F17000000651			
The encl	osed Statement of Change of Registered	l Office/Agent and fee are	e submitted for filing.	
Please re	eturn all correspondence concerning this	matter to the following:		
IRISLIZ	CASTELLANO			
Name of	Contact Person			
Firm/Co	mpany			
Address				
	RAL WAY SUITE 704 CORAL GABLES I	FL. 33145		
City/Stat	te and Zip Code			
E-mail a	EPP@CPVEN.COM address: (to be used for future annual	report notification)		
For furth	er information concerning this matter, p	lease call:		
IRISLIZ	CASTELLANO	at (786) 564-7639 & Daytime Telephone Number	
	Name of Contact Person	Area Code &	& Daytime Telephone Number	
Enclosed	l is a \$35.00 check made payable to the l	Department of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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 Statement of change is submitted for a corporation organized under the laws of the State of _	•	
in order to change its registered office or registered agent, or both, in the State of F	lorida.	
1. The name of the corporation: CPVEN OIL CONSULTING USA, INC.		
2. The principal office address: 2100 CORAL WAY SUITE 704 CORAL GABLES FL. 33145		
3. The mailing address (if different): N/A	.	
4. Date of incorporation/qualification: 02/10/2017 Document number: F170000	000651	
 The name and street address of the current registered agent and registered office on file wi Florida Department of State: (If resigned, enter resigned) 		
MARYOLIS CASTELLANO (RESIGNED)	_	
1428 BRICKELL AV SUITE 503	2679	
MIAMI FL. 33131	2620 OCT 30	- man
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):	PH	e para e
IRISLIZ CASTELLANO	6: 2	انعین
2100 CORAL WAY SUITE 704	മ	
P.O. Box NOT acceptable		
CORAL GABLES FL. 33145	-	
The street address of its registered office and the street address of the business office of its as changed will be identical.	s registered ago	ent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so	
EDUARDO PANTIN PEI	REZ	
Signal desort an offices or director Printed or typed name and tit	le	_
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 com of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereb corporation has been notified in writing of this change.	plete performa Lagent. Or if y confirm that	ince this the
July Stelano 10/16/2020		
Signature of Registered Agent Date		
If signing on behalf of an entity:		
Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *