5/5/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE HANDYU INC

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MAY 0 6 2020

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COVER LETTER

CR2E045 (04/13)

TO: Amendment Section Division of Corporations	
SUBJECT: HANDYU INC Name of Corporation	
DOCUMENT NUMBER: F17000004557	
The enclosed Statement of Change of Registered (Office/Agent and fee are submitted for filing
Please return all correspondence concerning this n	· ·
Sergio Arana Name of Contact Person	
HANDYU INC	
Firm/Company	
601 Brickell Key Drive, Suite 501	
Address	
Miami, FL 33131	
City/State and Zip Code	
sergio@wearenovae.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	ase call:
Maria de Varona	at (305) 4392317
Name of Contact Person	at (305)4392317 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	epartment of State.
Mailing Address: Amendment Section	Street Address:
Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
·	Tallahassee, FL 32303

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CR2E045 (04/13)

H20000132581

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Stanized under the laws of the State of Γ istered agent, or both, in the State of Fi	Delaware	
	the corporation: HANDYU INC	stered agent, or born, in the blace of the	or mu.	
2. The principal office address: 601 Brickell Key Dr, Suite 501 Miami, FL 33131				
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/10/2017	Document number: F170000)04557	
	d street address of the current registered rtment of State: (If resigned, enter resigned,	d agent and registered office on file wit gned)	h the	
	MONIQUE TRONCONE, CPA. P.A.			
	55 NE 5TH AVENUE, SUITE 501		2020 HAY -5	
	BOCA RATON	FL 33432-4093		
6. The name and (if changed):	d street address of the new registered at Corporation Service Company	gent (if changed) and /or registered offi		
	1201 Hays Street		? 	
		Box NOT acceptable		
	Tallahassee	FL 32301		
The street addr	ess of its registered office and the stre l be identical.	ect address of the business office of its	registered agent,	
Such change w authorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an onotified in writing of the change.	officer so	
		Sergio Arana	CEO	
	re of an officer or director	Printed or typed name and lit		
Corporatio	n Service Company	and agree to act in this capacity, tatutes relative to the proper and combligation of my position as registered the registered office address, I herebge.	plete performance agent. Or, if this y confirm that the	
By: And the Su	gnature of Registered Agent	05/05/2020 Date		
	chalf of an entity:			
	son, Asst. Vice President			
	••	FEE: \$35.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 3)