

F97000006423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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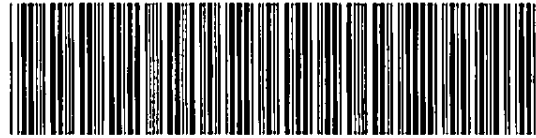
(Business Entity Name)

(Document Number)

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2017 AUG 22 PM 12:42
TALLAHASSEE, FLORIDA

C. GOLDEN

AUG 24 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amoro International Inc.

Name of Corporation

DOCUMENT NUMBER: F97000006423

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:

Barbara Olsthoorn

Name of Contact Person

Amoro International Inc.

Firm/Company

PO Box 217

Address

Boca Raton, FL 33429

City/State and Zip Code

bolsthoorn@amoro.com

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

For further information concerning this matter, please call:

Barbara Olsthoorn

Name of Contact Person

at (561) 866-6521

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

1. The name of the corporation: Amoro International Inc.
2. The principal office address: 399 NE 23rd Street
Boca Raton, Florida 33431
3. The mailing address (if different): PO Box 217
Boca Raton, FL 33429
4. Date of incorporation/qualification: 12/5/1997 Document number: F97000006423
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)

Barbara Olsthoorn
4234 Frances Drive
Delray Beach, FL 33445

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

Barbara Olsthoorn
399 NE 23rd Street
P.O. Box NOT acceptable
Boca Raton, FL 33431

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

Stephen Crane PDO
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

8/16/2017
Date

If signing on behalf of an entity:

Barbara Olsthoorn
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
CR35015 (03/12)

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2017 AUG 22 PM 12:42
TALLAHASSEE, FLORIDA