

Division of Corporations

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**L120000 44495**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
VETRA - MPG HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

13 NOV 26 AM 8:30

SECRETARY OF STATE  
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2013 NOV 26 AM 8:11

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Corporate Filing Menu

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NOV 27 2013

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VETRA - MPG HOLDINGS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

schua@grupocobra.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: VETRA-MPG HOLDINGS LLC
2. (a) Principal office address of limited liability company: 10900 N.W. 21ST STREET  
SUITE 100  
MIAMI, FL 33172  
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 10900 N.W. 21ST STREET  
SUITE 100  
MIAMI, FL 33172  
 (Note: **MAY BE POST OFFICE BOX**)
- 03/30/2012. L12000044485
3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 

Registered Agent:	<u>RAFAEL SANCHEZ</u>
Registered Office Address:	<u>10900 N.W. 21ST STREET</u> <u>SUITE 100</u> <u>MIAMI, FL 33172</u>
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
 

NEW Registered Agent:	<u>CT Corporation System</u>
NEW Registered Office Address:	<u>1200 S Pine Island Road</u>
( <b>MUST BE FLORIDA STREET ADDRESS</b> )	<u>Plantation, FL 33324</u>

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carlos Ramirez Visser  
 Signature of a member or authorized representative of a member

Carlos Ramirez Visser  
 Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Katey Judd  
 Signature of Registered Agent  
 Katey Judd, Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
 FILING FEE: \$25.00

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 ASSESSOR, FLORIDA

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