

L64295

Requester's Name

Address

City/State/Zip

Phone #

300003026579--8
-10/27/99--01075--007
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

AMENDMENTS

- | | |
|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment |
| <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Resignation of R.A., Officer/Director |
| <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Domestication | <input type="checkbox"/> Dissolution/Withdrawal |
| <input type="checkbox"/> Other | <input type="checkbox"/> Merger |

OTHER FILINGS

REGISTRATION/QUALIFICATION

- | | |
|--|--|
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Foreign |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Limited Partnership |
| | <input type="checkbox"/> Reinstatement |
| | <input type="checkbox"/> Trademark |
| | <input type="checkbox"/> Other |

EXAMINER'S INITIALS

**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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: Andesia U.S.A., INC.

2. The mailing address of the corporation is: 799 Brickell Plaza Suite#603

Miami, Fl. 33131

3. Date of incorporation/qualification: 04/06/1990 Document number: 164295

4. The name and address of the current registered agent and office:

Carlos A Mogollon

501 Brickell Key Dr. Suite#603

Miami, Fl. 33131

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Carlos A Mogollon

799 Brickell Plaza Suite#603

Miami, Fl. 33131

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.

(Signature of an officer, chairman or vice chairman of the board)

10/26/1999
(Date)

Carlos A Mogollon-Officer

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

10/26/1999
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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