

M42322

(Requestor's Name)

MAXIMA DISTRIBUTORS INC.
1500 SOUTH OCEAN DR.
UNIT 6-1
HOLLYWOOD, FL 33019

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

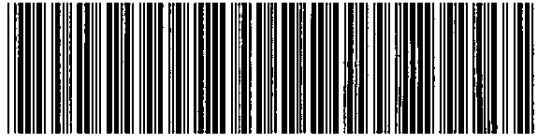
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TALLAHASSEE, FLORIDA

RA change
Trevi's
5-9-08

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

1. The name of the corporation: MAXIMA DISTRIBUTORS, INC.
2. The principal office address: 1500 S. OCEAN DR, 6-I
Hollywood FL 33019.
3. The mailing address (if different): _____
4. Date of incorporation/qualification: NOV-26-86 Document number: M4232Y
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MR. FERNANDO LAVOI

6508 NW 82nd AVE

MIAMI FL 33166.

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

MR. RAMON DIAZ

1500 S. OCEAN DR, 6-I

(P.O. Box NOT acceptable)

Hollywood FL 33019

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.

Ramon Diaz
(Signature of an officer or director)

RAMON DIAZ - President
(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.

Ramon Diaz
(Signature of Registered Agent)

4-30-08.
(Date)

If signing on behalf of an entity:

(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
CR2E045 (8/05)

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