

P000000021353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

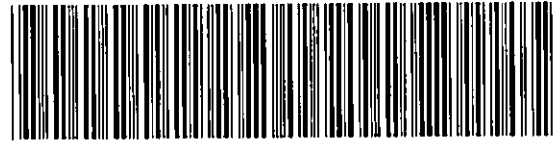
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA & RO change

03/02/23--01027--005 *+35.00

2023 FEB -2 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. RAMSEY

APR 10 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALFA VITAMINS LABORATORIES INC
Name of Corporation

DOCUMENT NUMBER: P00000021353

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:

ALEJANDRO VALDES
Name of Contact Person

Firm/Company

4701 NW 77TH AVE

Address

MIAMI FL 33166

City/State and Zip Code

accounting@ALFAVITAMINS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO VALDES at (305) 597-6410
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: ALFA VITAMINS LABORATORIES INC

2. The principal office address: 4701 NW 77th MIAMI FL 33166

3. The mailing address (if different): —

4. Date of incorporation/qualification: 03/01/2000 Document number: P00000021353

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)

BENIER CUEZ (RESIGNED)

300 SRVILLA AVE STE 301

CORAL GABLES FL 33134

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

ALEJANDRO VALDES

4701 NW 77th AVE

P.O. Box NOT acceptable

MIAMI FL 33166

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

ALEJANDRO VALDES / CEO

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

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 (04/13)