

P000000077381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

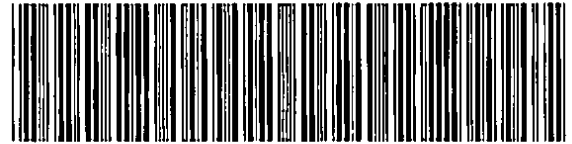
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 20 2019

C Kinsey

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **ExpoCredit Corporation**

Name of Corporation

DOCUMENT NUMBER: **P00000077381**

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:

**George Heisel**

Name of Contact Person

**ExpoCredit Corporation**

Firm/Company

**1450 Brickell Ave, Suite 2660**

Address

**Miami, FL 33131**

City/State and Zip Code

**gheisel@expocredit.com**

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

For further information concerning this matter, please call:

**Joe Suarez**

Name of Contact Person

at ( **305** ) **347-9222**

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

1. The name of the corporation: ExpoCredit Corporation
2. The principal office address: 1450 Brickell Avenue, Suite 2660, Miami, FL 33131
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/16/2000 Document number: P00000077381

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)

Griselle Sepulveda  
201 South Biscayne Blvd Ste 200  
Miami FL 33131

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

Mark Chaves


Marcum LLP

P.O. Box NOT acceptable

One SE Third Avenue, Suite 1100, 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.

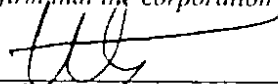
Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

George Heisel

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

5/29/19

If signing on behalf of an entity:

MARK CHAVES  
Typed or Printed Name

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