

PO0000041784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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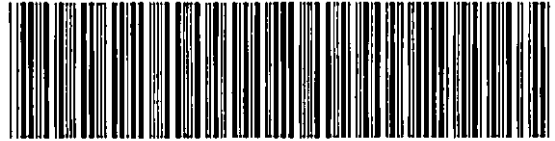
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

CH. 1/2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pharm-Pace Corporation
Name of Corporation

DOCUMENT NUMBER: P00000091784

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:

Cristina M Beaupersuy

Name of Contact Person

Pharm-Pace Corp

Firm/Company

6464 Caballero blvd

Address

Coral Gables, FL 33146

City/State and Zip Code

cbeaupersuy@pharmpace.com

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

For further information concerning this matter, please call:

Cristina M Beaupersuy

Name of Contact Person

at (786) 453-3954

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: Pharm-Pacc Corporation
2. The principal office address: 135 San Lorenzo Ave. Suite 730, Coral Gables, FL 33146
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/1/2000 Document number: P00000091784
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)

Carlos F de Mendia

1120 South Alhambra Cir

Coral Gables, FL 33146

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

Carlos G Mendia

101 Ocean Lane Dr, Apt 4017

P.O. Box NOT acceptable

Key Biscayne, FL 33149

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.

Cristina M Beaupertuy
Signature of an officer or director

Cristina Mendia Beaupertuy VPTD

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.

Carlos Mendia
Signature of Registered Agent

3/23/2021
Date

If signing on behalf of an entity:

Carlos Mendia
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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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