emaya Products, Inc. Requester's Name 117 W. 29th Street Address Hialeah, Fla, 33012 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time ☐ Mail out ☐ Photocopy **₩** Will wait Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS

Annual Report Fictitious Name REGISTRATION/QUALIFICATION

☐ Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials /-

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, corporation organized under the laws of the State of	
the unaersignea submits the follo the State of Flor	wing statement in order to change its registered office or registered agent, or bath, in idea.	
.,,	the corporation: YEMAYA PRODUCTS INC.	
2 The mailing of	ddress of the corporation :	
2. The maning a	HIALEAH, FL 33012	
3. Date of incor	poration/qualification: -19-2001 Document number: P01000007519	
	address of the current registered agent and office:	
	ANDRADE JOSEF.	
_	15920 SW 252 S FREET	
5. The name and	HOMESTEAD, FL 33031 I address of the new registered agent (if changed) and/or registered office (if changed). IP O. Box Not Acceptable) MARISOL GONZALEZ	
	117 WEST 29TH STREET	
-	HIALEAH, Fl. 33012	
The street addressent, as change	ess of its registered office and the street address of the business office of its registered ed, will be identical.	
Signature OPRESIDE	(Printed or typed name and title)	
If signing on behal	amed as registered agent and to accept service of process for the above stated agent the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as it. (Date) (Date) (Capacity)	

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