

PO10000064119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

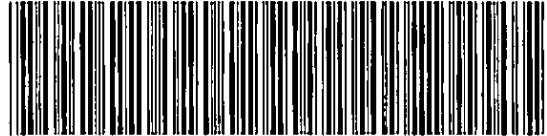
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200325415812

03/04/19--01008--008 **35.00

FILED
2019 MAR -4 AM 8:44
DE STATE
TALLAHASSEE, FL

C. GOLDEN

MAR 16 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE MITER CUT INC.
Name of Corporation

DOCUMENT NUMBER: PO 1000064119

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:

ALBERTO TORRE DE ALBA

Name of Contact Person

THE MITER CUT INC

Firm/Company

7703 NW 36 AVE.

Address

MIAMI, FL. 33127

City/State and Zip Code

ALBERTO@THEMITERCUT.COM

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

For further information concerning this matter, please call:

ALBERTO TORRE DE ALBA

Name of Contact Person

at (

305) 968 9225

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

1. The name of the corporation: THE MITER CUT INC
2. The principal office address: 7703 NW 36 AVE.
MIAMI, FL. 33147
3. The mailing address (if different): _____

4. Date of incorporation/qualification: JUN. 27 2001 Document number: P0100064119

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)

ALBERTO TORRE DE ALBA

410 NW 35 ST UNIT #1

MIAMI, FL. 33127

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

GABRIEL TORRE DE ALBA

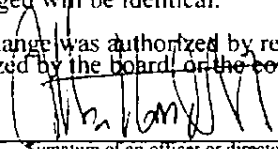
410 NW 35 ST UNIT #2

MIAMI, FL. 33127

P.O. Box NOT acceptable

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

ALBERTO TORRE DE ALBA

Printed or typed name and title

Director

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

3/1/19
Date

If signing on behalf of an entity:

Gabriel Torre de Alba

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 (03/12)

2019 MAR -4 AM 8:44

FILED