## PO1000069336

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SECRETARY OF STATE

2019 JUN 20 AM 11: 27

## **COVER LETTER**

TO: Amendment Section Division of Corporations P. ALUMINUM INC SUBJECT: Name of Corporation P01000069336 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: YOAN REYES AVILA Name of Contact Person NONE Firm/Company 12491 SW 134TH CT UNIT 27 Address **MIAMI FL 33186** City/State and Zip Code YOANREYESAV1975@GMAIL.COM V E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YOAN REYES AVILA Name of Contact Person 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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida a organized under the laws of the State of registered agent, or both, in the State of	FLORIDA	
1. The name of	the corporation: P. ALUMINU	IM, INC,		
2. The principal	office address: 18350 NW 21	ND AVE STE 308		
		DENS FL 33169		
3. The mailing a	address (if different): SAME			
		07   3   200   Document number: P0100		
	poration/qualification; 07/01			
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file w resigned)	rith the	
	YOAN REYES AVILA			
	18350 NW 2ND AVE S	TE 308	_	
	MIAMI GARDENS FL	33169	2019 SE	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered o	2019 JUN 20 SECRETAR	
	YOAN REYES AVILA		ASSE ¥ OF	
	12491 SW 134TH CT U	JNIT 27	MII: 2	
		Box NOT acceptable	31.	
	MIAMI FL 33186		-	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of i	ts registered age	nt,
Such change wa authorized by the	as authorized by resolution duly a he board, of the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so	
	J2lil	YOAN REYES AV		
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and to gent and agree to act in this capacity. Ill statutes relative to the proper and con- a and accept the obligation of my position to reflect a change in the registered offi- tified in writing of this change.	nplete n as registered	•
		06/14/2019		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	N REYES AVILA Typed or Printed Name	-		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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