P01000070741

Office Use Only



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07/21/14--01007--005 **35.00

NATION OF CORPORATIONS

16 III 21 PM I: 1.7

C. LEWIS

AND 1 2014

EYARMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WORLD BEVERAGES USA, INC.

Name of Corporation

OCUMENT NUMBER, P01000070741

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:

GERT HEBSACKER

Name of Contact Person

WORLD BEVERAGES USA, INC.

Firm/Company

2710 DEL PRADO BLVD 2 SUITE 250

Address

CAPE CORAL FL 33904

City/State and Zip Code

worldbeverages@aol.com

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

For further information concerning this matter, please call:

GERT HEBSACKER

,,239

8264861

Name of Contact Person

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

| • | • | 7.0302, 607.1308, or 617.1308, Florida Statutes, organized under the laws of the State of | this |
|--|---|--|---|
| in orde | r to change its registered office or i | registered agent, or both, in the State of Florida. | |
| 1. The name of t | he corporation: WORLD BEV | ERAGES USA, INC. | |
| 2. The principal | office address: 1639 SE 40th | STREET CAPE CORAL FL, 33904 | |
| | | | |
| 3. The mailing a | ddress (if different): 2710 DEL F | PRADO BLVD, 2 SUITE 250 CAPE CORA | AL FL, 33904 |
| 4. Date of incorp | poration/qualification: 07-17-20 | 014 | 741 |
| | street address of the current regist tment of State: (If resigned, enter r | ered agent and registered office on file with the esigned) | |
| | 1639 SE 40th STREET (| CAPE CORAL FL, 33904 | |
| | | | |
| | | | <u> </u> |
| 6. The name and (if changed): | street address of the new registere | ed agent (if changed) and /or registered office | WESSE ST. 21 |
| | 200 SOUTH BISCAYNE | BOULEVARD - SUITE 2790 | |
| | MIAMI FL, 33131 | | PH 1: 48 |
| | | ox NOT acceptable | 84 116 116 116 116 116 116 116 116 116 11 |
| | NEW COMPANY ADRE | | . ** |
| The street address changed will | ess of its registered office and the se be identical. | street address of the business office of its registe | red agent, |
| Such change was authorized by the | s authorized by resolution duly ac e board, or the corporation has be | lopted by its board of directors or by an officer sen notified in writing of the change. | 0 |
| Signatu | re of an officer or director | GERT HEBSACKER-PRESIDI | ENT |
| I hereby accept I further agree to performance of agent. Or, if the | the appointment as registered age to comply with the provisions of al my duties, and I am familiar with | ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as regi: o reflect a change in the registered office addres | stered ss, I |
| | | ∞7-17-20 Date | 14 |
| _ | nature of Registered Agent | Date | 1- |
| it signing on be | half of an entity: | | |
| Ty | yped or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)