

P01000072263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

BAO
1-31-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMCORE INTERNATIONAL TRADING, INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: PO1000072263

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE LARSON

(Name of Person)

LARSON ACCOUNTING & CONSULTING SERVICE

(Name of Firm/Company)

8818 COMMODITY CIRCLE SUITE 40

(Address)

ORLANDO FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINE LARSON at (407) 370-3686

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2008

CAROLINE LARSON
8818 COMMODITY CIRCLE SUITE 40
ORLANDO, FL 32819

SUBJECT: AMCORE INTERNATIONAL TRADING, INCORPORATED
Ref. Number: P01000072263

We have received your document for AMCORE INTERNATIONAL TRADING, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 108A00003731

**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: AMCORE INTERNATIONAL TRADING, INCORPORATED
2. The principal office address: 5479 VINELAND RD APT# 9212 - ORLANDO FL 32811
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 07/24/2001 Document number: P01000072263

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WALESKA A REGUEIRA

5479 VINELAND RD APT#9212

ORLANDO, FL, 32811

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

RICARDO L. REGUEIRA

5479 VINELAND RD. Apt 9212

(P.O. Box NOT acceptable)

ORLANDO FL 32811

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.

Waleska A Regueira
(Signature of an officer or director)

WALESKA REGUEIRA
(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.

Waleska A Regueira
(Signature of Registered Agent)

01/23/08
(Date)

If signing on behalf of an entity:

(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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA