

7/29/2021

Division of Corporations

PO2000040219

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : CAPOTE & CAPOTE, P.A.
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Phone : (305)374-1555
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
CHIVA'S EXPRESS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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S. PRATHER

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**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: Chivas Express, Inc.
2. The principal office address: 8110 NW 156 Terrace, Miami, FL 33018
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/12/2002 Document number: P02000040219
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)

Beatriz M. Capote

1111 Brickell Ave., Suite 2200

Miami, FL 33131

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

Mariano Santos

8110 NW 156 Terr

P.O. Box NOT acceptable

Miami, FL 33016

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

Mariano Santos, President

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.

Signature of Registered Agent

7/27/2021

Dados

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 (04/13)

ALLAN H. SELLER
TALLAHASSEE, FLORIDA

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