## P02000/02/02/03/

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Nautimports, Inc  (Name of Corporation)
DOCUMENT NUMBER: P02000102625
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:
Jorge L Del Rosal (Name of Contact Person)
Nautimports, Inc (Firm/Company)
(Firm/Company)
8373 NW 74 Street (Address)
(Address)
Miami, Fl 33166 (City/State and Zip Code)
For further information concerning this matter, please call:
Luis E Diaz C.P.A.  (Name of Contact Person)  at (305) 666-7229  (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 change is s	ns of sections 607.0502, 617. ubmitted for a corporation or nge its registered office or reg	ganized under the laws of t	he State of Florida	_
	<b>37</b> ( ! )		ne siate of rioriaa.	
1. The name of the corp				-
2. The principal office a			,	
2 77	Miami, F1 3			
3. The mailing address (	if different):			
4. Date of incorporation	/qualification: 09/23/02	Document number	er:_P02000102625	
5. The name and street a Florida Department o	ddress of the current registere f State:	ed agent and registered offic	ce on file with the	
Ferr	nando Rodriguez			
901	Ponce de Leon Bl	vd Suite 501		e e e e e e e e e e e e e e e e e e e
Cora	al Gables, Fl 331	34	T PR	
6. The name and street a (if changed):	ddress of the new registered a	ngent (if changed) and /or re	egistered office	T
Luis	E Diaz	<del></del>		ָּרְ רְּיָּ
4627	7 Ponce de Leon B (P.O. Box NOT accept			ప
Cora	al Gables, Fl 331	· · · · · · · · · · · · · · · · · · ·	· 	
The street address of its as changed will be iden	registered office and the str	eet address of the business	s office of its registered agen	ıt,
Such change was autho authorized by the board	rized by resolution duly ado, or the corporation has been	pted by its board of direct i notified in writing of the	ors or by an officer so change.	
(Signature of an of	lices of director)	I Printed or I	yped name and title)	-
· · · ///	, ·		apacity, per and complete performan as registered agent. Or, if th ress, I hereby confirm that th	ce iis ie
		7-2	_	
	Registered Agent)		Date)	,
If signifig on behalf of a	n Ck			
(Typed or Pr	inted Name)			

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