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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CONNECTA CORPORATION

Name of Corporation

NOCUMENT NUMBER: P03000079773

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:

MARIA ELENA ENRIQUEZ

Name of Contact Person

CONNECTA CORPORATION

Firm/Company

6500 N.W. 22 STREET

Address

MIAMI, FLORIDA 33122

City/State and Zip Code

ameza@lan.com

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

For further information concerning this matter, please call:

MARIA ELENA ENRIQUEZ

, 1 80 I

265-6091

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

statement of cha	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FLORIDA ered agent, or both, in the State of Florida.	
1. The name of a	the corporation: CONNECTA COR office address: 6500 N.W. 22 STF	PORATION REET, MIAMI, FLORIDA 33122	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: JULY 21, 200	D3 Document number: P03000079773	
	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file with the ed)	
	GASTON GRECO (RESIGNE	∃D)	
	6500 N.W. 22 STREET		
	MIAMI, FLORIDA 33122		
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	
	ERNESTO RAMIREZ		
	6500 N.W. 22 STREET		
	MIAMI, FLORIDA 33122	acceptable	
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	
		by its board of directors or by an officer so tified in writing of the change.	
Q		FERNANDO POITEVIN - AUTHORIZED OFFICER	
I hereby accept	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflet that the corporation has been notified in	Printed or typed name and title d agree to act in this capacity, ttes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address. I n writing of this change.	
X		SEPTEMBER 18, 2014	
Sig	nature of Registered Agent	Date	
H signing on be	half of an entity:		
T ₁	yped 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 * * *