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COVER LETTER

Division of Corp	orations	
SUBJECT:	Cork Alliance. Name of Corp	Inc.
	Name of Corp	poration
DOCUMENT NUMBE	R: P030001512	2-87
The enclosed Statement of	of Change of Registered Office//	Agent and fee are submitted for filing.
Please return all correspo	ndence concerning this matter to	the following:
	VIVGILIO CP Name of Conta	Ct Person
	Cork Allian	ce Inc.
	Firm/Com	pany
<u> </u>	8356 NW 30	Terrace
	Addres	S
	Dorcel, Fl 331	22_
	City/State and	Zip Code
	mdiaz@ ant	real.com
E-ma	il address: (to be used for futu	ire annual report notification)
For further information c	oncerning this matter, please cal	1:
mary Dic	.7 .	ar (305) 406-0191
Name of 0	Contact Person	at (305) 406 - 061 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ched	ck made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address:
	Nivision of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	fallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Cork Alliance Ivc.
2. The principal office address: 8356 NW 30 Terrace
Dorai, FL 33122
3. The mailing address (if different): (Same)
4. Date of incorporation/qualification: 12/5/2003 Document number: 703 000 15 1287
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)
Lamont Neiman Interian + Bellet PA
New World Tower Swite 801
100N. Biscarpe Blvd, Mairi, FL 33132
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Vivgiuo Carroni
8350 NW 30 Terrace P.O. Box NOT acceptable
Doral, FL 33122
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.
Vivgilio Cartoni Director Ninted or typed name and tute
Thereby 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 parformance 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.
3/13/2018
Signature in Reputation Agent
If signing on behalf of an entity:
Typed or Printed Name

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