

PD4000008889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400159157194

08/04/09--01018--009 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 AUG -4 AM 10: 22

RD/ch 8
@ 8/5/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ralco International, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000088889

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:

B.A. Herrero
Name of Contact Person

Ralco International, Inc
Firm/Company

650 Valencia Ave. # 302
Address

Coral Gables, FL. 33134
City/State and Zip Code

baherrero@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

B. A. Herrero at (305) 773 7898
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**

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: Ralco International, Inc.

2. The principal office address: 650 Valencia Avenue # 203, Coral Gables, FL 33134

3. The mailing address (if different): P.O. Box 140927, Coral Gables, FL 33114

4. Date of incorporation/qualification: _____ Document number: P04000088889

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 A. Herrero
101 Sidonia Avenue # 501

Coral Gables, FL 33134

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

Beatriz A. Herrero
650 Valencia Ave # 302

Coral Gables, FL 33134

P.O. Box NOT acceptable

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE
09 AUG - 4 AM 10:22

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]
Signature of an officer or director

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.

X [Signature]
Signature of Registered Agent

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)