

P060000041612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

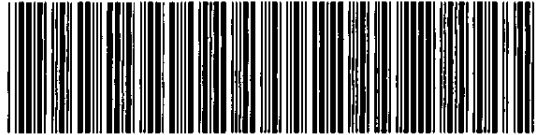
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TR

SEP - 3 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nutriad Traders, Inc
Name of Corporation

DOCUMENT NUMBER: P06000041612

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:

Otto M. Marin
Name of Contact Person

Nutriad Traders, Inc.
Firm/Company

3940 Adra Ave
Address

Miami, FL 33178
City/State and Zip Code

JMLDACHIARDI@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Lucio at (305) 724 4788
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: Nutriad Traders, Inc.
2. The principal office address: 3940 Adra Ave, Miami FL 33178
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/22/2006 Document number: P06000041612
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)

Otto M Marin

870 Reflection Lane

Weston, FL 33327

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

Otto M. Marin


3940 Adra Ave

P.O. Box NOT acceptable

Miami, FL 33178

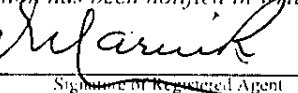
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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.

x 
Signature of an officer or director

Otto M. Marin
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 of Registered Agent

08/26/09
Date

If signing on behalf of an entity:

Otto M. Marin
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)

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