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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUB.	JECT: Andean Textiles USA, Inc.	
Name	e of Corporation	
DOC	TUMENT NUMBER: P06000113847	
The e	enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Pleas	e return all correspondence concerning this	matter to the following:
	iy Martinez	
Name	e of Contact Person	
	er, Travis & Rosenberg, P.A.	
Firm/	Company Company	
5835	Blue Lagoon Drive, Suite 200	
Addre	ess	
Miam	i, FL 33126	
City/S	State and Zip Code	
	iprdepartment@strtrade.com	
E-ma	iil address: (to be used for future annual	report notification)
For fi	urther information concerning this matter, p	lease call:
Tiffan	y Martinez	at (305 894-1015
	Name of Contact Person	at (305 894-1015 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the I	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIO

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: Andean Textiles USA, Inc.	
2. The principal office address: 5835 Blue Lagoon Drive, Suite 200, Miami, FL 33126	-
3. The mailing address (if different):	-
4. Date of incorporation/qualification: 09/01/2006 Document number: P06000113847	_
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)	
c/o Lenny P. Feldman, Esq.	
1000 NW 57th Court, Suite 600, Miami, FL 33126	
2021 SEC TA	
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):	1 1 1
the control of the co	3
5835 Blue Lagoon Drive, Suite 200, Miami, FL 33126	T:1
PO Box NOT acceptable 55	
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.	
Juan B. Isola Director Printed or typed name and title	
I herefy 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.	e S
Tenny Feldrand 1/15/21	
Signature of Registered Agent Date If signing on behalf of an entity:	
Lenny Feldman Typed or Printed Name	

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