

PO60001/4221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

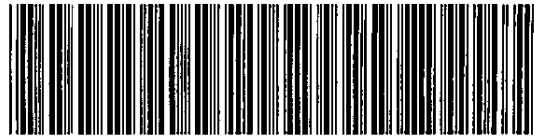
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gloway Inc.
Name of Corporation

DOCUMENT NUMBER: P06000 11 4221

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 Amparo Londono
Name of Contact Person

Gloway Inc.
Firm/Company

6060 NW 84 Ave.
Address

Miami, FL 33166
City/State and Zip Code

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

For further information concerning this matter, please call:

Maria Amparo Londono at (305) 5101256
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: Glaway Inc
2. The principal office address: 6060 NW 84 Ave Miami FL 33166
3. The mailing address (if different): PO BOX 260335 Pembroke Pines, FL 33026
4. Date of incorporation/qualification: 9-5-06 Document number: P06000114221
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)

Fabio Varona

21361 Sawmill CT

Boca Raton FL 33498

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

Maria Amparo Londono

1471 SW 119 Avenue Bld 126

Pembroke Pines FL 33025

P.O. Box NOT acceptable

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.

Maria Amparo Londono
Signature of an officer or director

Maria Amparo Londono
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.

Maria Amparo Londono
Signature of Registered Agent

09/28/09
Date

If signing on behalf of an entity:

Maria Amparo Londono
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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