

PO7000062991

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO 7/10
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grupo De Entretenimiento Trimarchi, Corp
Name of Corporation

DOCUMENT NUMBER: P07000062991

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:

Salvatore Trimarchi
Name of Contact Person

Grupo De Entretenimiento Trimarchi, Corp
Firm/Company

318 Indian Trace, #238
Address

Weston, FL 33326
City/State and Zip Code

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

For further information concerning this matter, please call:

Salvatore Trimarchi at (954) 446-6262
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: Grupo De Entretenimiento Trimarchi, Corp
2. The principal office address: 318 Indian Trace, #238
Weston, FL 33326
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05-25-2007 Document number: P07000062991

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)

Trimarchi, Salvatore

6073 NW 167 St, C27

Miami, FL 33015

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

Salvatore Trimarchi

318 Indian Trace, #238

P.O. Box NOT acceptable

Weston, FL 33326

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 of an officer or director

SALVATORE TRIMARCHI
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.

Signature of Registered Agent

02-22-2010
Date

If signing on behalf of an entity:

Salvatore Trimarchi
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 32316

APPROVED
AND
FILED
10 MAR -3 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA