## P070000 64249

| •                                       |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|
| (Requestor's Name)                      |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| (Olymonical Printers)                   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (business Endly Name)                   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|                                         |  |  |  |  |  |
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CRETARY OF STAIL

Dt. Change

FEB 1 4 2014 T. CARTER

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                     |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SUBJECT: FARGO CAPITAL, INC  Name of Corporation                                                   |  |  |  |  |  |
|                                                                                                    |  |  |  |  |  |
| DOCUMENT NUMBER: P07000064249                                                                      |  |  |  |  |  |
| 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:                          |  |  |  |  |  |
| Albert Fernandez                                                                                   |  |  |  |  |  |
| Name of Contact Person                                                                             |  |  |  |  |  |
|                                                                                                    |  |  |  |  |  |
| Firm/Company                                                                                       |  |  |  |  |  |
| P.O Box 52-3498                                                                                    |  |  |  |  |  |
| Address                                                                                            |  |  |  |  |  |
| Miami, FL 33152                                                                                    |  |  |  |  |  |
| City/State and Zip Code                                                                            |  |  |  |  |  |
|                                                                                                    |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)                                 |  |  |  |  |  |
| ·                                                                                                  |  |  |  |  |  |
| For further information concerning this matter, please call:                                       |  |  |  |  |  |
| Albert Fernandez  Name of Contact Person  at (305 ) 407-7510  Area Code & Daytime Telephone Number |  |  |  |  |  |
| 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  Street Address: Amendment Section                              |  |  |  |  |  |
| Amendment Section Amendment Section  Division of Corporations Division of Corporations             |  |  |  |  |  |
| P.O. Box 6327 Clifton Building                                                                     |  |  |  |  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha                                                                           | ange is submitted for a corpo                                                                                          | 9502, 617.0502, 607.1508, or 617.1508, Florida Stat<br>oration organized under the laws of the State of <u>FLC</u><br>(fice or registered agent, or both, in the State of Flor                                                         | DRIDA                         |                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|
| 1. The name of                                                                             | the corporation: FARGO                                                                                                 | CAPITAL, INC                                                                                                                                                                                                                           |                               |                      |
| 2. The principal MIAMI, F                                                                  | office address: 7200 CO                                                                                                | PRPORATE CENTER DRIVE SUITE 5                                                                                                                                                                                                          | 10                            |                      |
| 3. The mailing a                                                                           | address (if different):                                                                                                |                                                                                                                                                                                                                                        |                               |                      |
| 4. Date of incorp                                                                          | poration/qualification: 05/                                                                                            | 31/2007 Document number: P070000                                                                                                                                                                                                       | 64249                         |                      |
|                                                                                            | d street address of the current<br>runent of State: (If resigned,                                                      | nt registered agent and registered office on file with t<br>, enter resigned)                                                                                                                                                          | the                           |                      |
|                                                                                            | ALBERT FERNANI                                                                                                         | DEZ                                                                                                                                                                                                                                    |                               |                      |
|                                                                                            | 7200 CORPORATE                                                                                                         | CENTER DRIVE SUITE 510                                                                                                                                                                                                                 |                               |                      |
|                                                                                            | MIAMI, FL 33126                                                                                                        |                                                                                                                                                                                                                                        | <del>_</del>                  | 7Zs                  |
| 6. The name and (if changed):                                                              | d street address of the new re                                                                                         | egistered agent (if changed) and /or registered office                                                                                                                                                                                 | <del>-</del>                  | ECRETA<br>LL/ H - re |
|                                                                                            | LAW OFFICE OF S                                                                                                        | STUART J. NUNEZ, P.A                                                                                                                                                                                                                   | 3<br>PH                       |                      |
|                                                                                            | 7200 CORPORATE                                                                                                         | CENTER DRIVE SUITE 510                                                                                                                                                                                                                 | .;<br><u>∓.</u>               | 1 S 7                |
| •                                                                                          | MIAMI, FL 33126                                                                                                        | P.O. Box NOT acceptable                                                                                                                                                                                                                | 58                            | ATE                  |
| The street address changed will                                                            | ess of its registered office a<br>be identical.                                                                        | nd the street address of the business office of its re                                                                                                                                                                                 | gistered age                  | ent,                 |
| Z1                                                                                         |                                                                                                                        | duly adopted by its board of directors or by an office has been notified in writing of the change.                                                                                                                                     |                               |                      |
|                                                                                            | nom( )                                                                                                                 | ALBERT FERNANDEZ, PRE                                                                                                                                                                                                                  | ESIDENT                       | <u>.</u>             |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or if the<br>hereby cantirm | to comply with the provision my duties, and I am familia it document is being filed number that the corporation has be | Printed or typed name and title red agent and agree to act in this capacity. Institutes relative to the proper and complete ar with and accept the obligation of my position as the registered office acted in writing of this change. | te<br>registered<br>ddress, I |                      |
| Sign                                                                                       | nature of Relistered Agent                                                                                             | 02/10/2014                                                                                                                                                                                                                             |                               |                      |
|                                                                                            | half of an entity:                                                                                                     | )                                                                                                                                                                                                                                      |                               |                      |
|                                                                                            | yped or Printed Name                                                                                                   |                                                                                                                                                                                                                                        |                               |                      |
| • •                                                                                        | / Para 20 1 1 1111000 (1011100                                                                                         |                                                                                                                                                                                                                                        |                               |                      |

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