## P01000121656

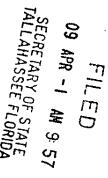
_			
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: ARGENTINE LEATHER CORP (Name of Corporation	<del>)</del>			
DOCUMENT NUMBER: P07000121656	· · · · · · · · · · · · · · · · · · ·			
The enclosed Statement of Change of Registered Office/Agent an	nd fee are submitted for filing.			
Please return all correspondence concerning this matter to the following	lowing:			
GRACIELA AROZAMENA (Name of Contact Perso	A FISCHER on)			
ARGENTINE LEATHER CORP (Firm/Company)				
505 HERON DR (Address)				
DELRAY BEACH FL 33444 (City/State and Zip Code)  For further information concerning this matter, please call:				
1 of further information concerning and matter, please can.				
(Name of Contact Person) at (Arc	786 ) 487-4982 ea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of St	ate.			
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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida $k$ on organized under the laws of the State of $\underline{\underline{}}$ or registered agent, or both, in the State of $\underline{\underline{F}}$	FLORIDA
1. The name of	the corporation: ARGENTINE	LEATHER CORP	
2. The principal	office address: 505 HERON	DR DELRAY BEACH FL 33444	
3. The mailing a	address (if different): SAME AS	SABOVE	
4. Date of incor	poration/qualification: 12/12/20	007 Document number: P07000	0121656
	d street address of the current regirement of State: (If resigned, enter	istered agent and registered office on file wir resigned)	th the
	GRACIELA AROZAMENA	A FISCHER	_
	6301 COLLINS AVE #260	04 MIAMI BEACH FL 33141	
	(OLD ADDRESS)		09 SEC
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered off	FIL APR -1 RETARY AHASSEL
	GRACIELA AROZAMENA	A FISCHER	FLD FLD
	505 HERON DR DELRAY (P.O. Box NOT		9: 57 IAIE ORIDA
	(NEW ADDRESS)		-
The street address changed will	ess of its registered office and th be identical.	e street address of the business office of it	ts registered agent,
Such change wathorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so
	ure of an opposer or director)	Concola A Co	iche Precto
I hereby accept	the appointment as registered a	igent and agree to act in this capacity, all statutes relative to the proper and con the obligation of my position as registere ge in the registered office address, I herel change.	, ,
(Si	gnature of Registered Agent)	(Date)	
If signing on be	chaff-of an entity:		
	Typed or Printed Name)	_	

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