

12/20/2019 17:53 FAX 3026451280 HBS Filings Fax 00001/0002 Page 1 of 2
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6360

From: Account Name : HARVARD BUSINESS SERVICES, INC
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: martina@dartmouthinternational.com

REGISTERED AGENT CHANGE
THREE SUPER SISTERS CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1506, or 617.1506, 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.

- The name of the corporation: THREE SUPER SISTERS CORPORATION
- The principal office address: 890 S DIXIE HWY, CORAL GABLES, FL 33146
- The mailing address (if different): _____
- Date of incorporation/qualification: 06/19/2008 Document number: P08000659952
- 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)

CEBALLOS, HAYDEE, CPA890 S DIXIE HWYCORAL GABLES, FL 33146

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

Registered Agents Inc.7901 4th Street N, Ste 300P.O. Box NOT acceptableSt. Petersburg, FL 33702

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]
Signature of an officer or director

ROBERTO Siqueira Rosa Director
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]
Signature of Registered Agent

12/18/2019Date

If signing on behalf of an entity:

Registered Agents Inc.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
CR26045 (02/13)

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