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COVER LETTER

Division of Corporations		
SUBJECT: TRIFULCA CORR. Name of Corporation		
DOCUMENT NUMBER: 70900024394		
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:		
Guillerus Gleizer Name of Contact Person		
•		
Tribulca Corp		
Firm/Company		
420 78 St #10 Address		
Mami Beach FL 33141 City/State and Zip Code		
SRGGESQ @ YAHOO' COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Guillesino Glezer at 917 39-0175 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
1. The name of the corporation: TRIFULCA COPP 2. The principal office address: 420 78 St #10 Misuri Beach FL 33141
3. The mailing address (if different):
4. Date of incorporation/qualification: 3-17-09 Document number: P090002439 4
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)
GUILLERMO GLEIZER 3425 Colling Are # 715 Midmi Beoch FL 33140
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Guiller wo Gleizer 420 78 Street # 10 P.O. Box NOT acceptable
MIZMI BEACH FL 33141
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 Guille G
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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