

PD9000053277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

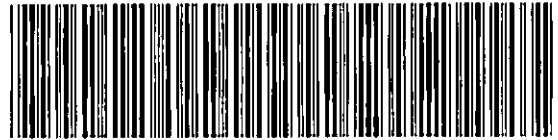
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROINCA INC
Name of Corporation

DOCUMENT NUMBER: P09000053277

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.

Josvil Padron
Name of Contact Person

PROINCA INC
Firm/Company

501 Brickell Key Drive #502
Address

Miami, FL 33131
City/State and Zip Code

josvilpadron@panthersmachinery.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Josvil Padron at 305 7903188
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

whereas the corporation is duly organized under the laws of the State of Florida and is a duly existing corporation organized under the laws of the State of Florida and is duly registered, incorporated, or existing agent or both in the State of Florida

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
OR 9045-0013