P16 000634133

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL			
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FICK-OF WAIT WAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Merxtrod WorldWide, Inc
Name of Corporation
POGLIMENT NUMBER: P10000034133

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:

Yoel Rojas

Name of Contact Person

Merxtrod WorldWide, Inc

Firm/Company

1588 NW 171ST AVENUE

Address

PEMBROKE PINES FL 33028

City/State and Zip Code

INFO@VE-MERXTROD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yoel Rojas at (786) 8887233

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

statement of chan	age is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida	
		egistered agent, or both, in the State of Florida.	
1. The name of th	ne corporation: Merxtrod World	dWide, Inc	
2. The principal of	office address: 1588 NW 1715	ST STREET, PEMBROKE PINES FL 33028	
3. The mailing ac	ddress (if different):		
4. Date of incorp	ooration/qualification: 04/20/20	10	
5. The name and		ered agent and registered office on file with the	
	8004 NW 154TH STREE	TUNIT 601	
	MIAMI GARDENS FL 33	016	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered the	
	1588 NW 171ST STREE	T PEMBROKE PINES	
FL 33028 PO Box NOT acceptable			
	r O Be	X NOT acceptable	
The street addre	ess of its registered office and the s	street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
11/100	wication	Merida Fernandez-President	
I hereby accept I further agree to performance of	to comply with the provisions of all	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I	
X-41		06/21/2017	
Signature of Registered Agent Date			
If signing on be	chalf of an entity:		
<u></u> т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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