P10000057205

- Rolando Asca -					
14317 Sw 103 St					
- Maun, FL 33186					
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COVER LETTER

PV OVERSEAS CORPORATION Name of Corporation P10000057205 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: ROLANDO ROCA MOLINA Name of Contact Person Firm/Company 14317 SE 103 ST Address FL 33186 City/State and Zip Code roly_roca@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rolando Name of Contact Person at (305) 2160438 Area Code & Daytime Telephone Number neclosed is a \$35,00 check made payable to the Department of State. Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations	TO: Amendment Section Division of Corporations				
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Amendment Section Amendment Section					
	Mailing Address:				
P.O. Box 6327 Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	unge is submitted for a c	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	ate of FL
1. The name of	the corporation: PV O	VERSEAS CO	DRPORATION	
2. The principal	office address: 14317	SE 103 ST		
3. The mailing a	nddress (if different): 14	317 SE 103 ST	MIAMI,FL.33186	
4. Date of incorp	poration/qualification: _	07/09/2010	Document number:	P10000057205
	d street address of the curtment of State: (If resign		t and registered office on	file with the
	PERLA VESA			
	14317 SW 103 ST	, MIAMI,FL,331	36	ZOII JAN SECRET
6. The name and (if changed):		MOLINA	f changed) and /or register	55 A A
_			ress of the business offic tits board of directors or ed in writing of the chang	
I hereby accept I further agree to of my duties, and document is being corporation has	the appointment as reg to comply with the prov of I am familiar with an ne filed merely to reflect bean writing	istered agent and a isions of all statutes d accept the obliga et a change in the re g of this change.	Printed or typed nan gree to act in this capacit is relative to the proper ar- tion of my position as reg egistered office address, in Date	ne and title ty. nd complete performance zistered agent. Or, if this thereby confirm that the
Colond	yped or Printed Name			

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