## P10000081229

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## COVER LETTER

10:	Division of Corporations			
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SUBJECT: PACAS INTERNACIONALES PACINCA USED CLOTHING FUC Name of Corporation			
DOCUMENT NUMBER: P100000 86 229			
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:			
rease retain an estrespondence concerning this matter to the renowing.			
Tachel Cohpero			
Tobel Cobrero  Name of Contact Person			
Firm/Company			
3737 NW 53 St Address			
Address			
· -1 271117			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Toabel Cablera at (305) 989-4197  Name of Contact Person Area Code & Daytime Telephone Number			
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  Street Address:  Amendment Section			
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PACAS INTERNACIONALES PACINCA USED COTHING INC.
2. The principal office address: 3737 NW 53 St Mami, Fl. 33142.
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/20/2010 Document number: P1000086229
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)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  TSabel Cobrevo.  3+3+ NW 53 St Mami, Fl. 33142
P.O. Box NOT acceptable  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.
Signaphre of the officer or director  Signaphre of the officer or director  Printed or typed name and title
I hereby descript 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 of Registered Agent C3/08/2016
If signing on behalf of an entity:
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 CR2E045 (03/12)