

P11 0000059575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

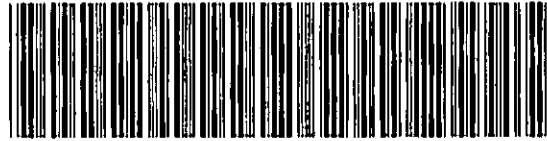
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400354043714

10/29/20--01017--008 **35.00

FILED
SECRETARY OF STATE
20 OCT 28 AM 11:30
OFFICE OF CORPORATION

Ra Chantz
(offic)

DEC 10 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORTA CHEMICAL CORP.
Name of Corporation

DOCUMENT NUMBER: P11000059575

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:

EDUARDO ALVAREZ

Name of Contact Person

ORTA CHEMICAL CORP

Firm/Company

4239 NW 37 th Court

Address

MIAMI FL 33142

City/State and Zip Code

ORTACHEMICALCORP@GMAIL.COM

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

For further information concerning this matter, please call:

EDUARDO ALVAREZ

Name of Contact Person

at (305) 799-9481

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 OCT 28 AM 11:30

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ORTA CHEMICAL CORP.
2. The principal office address: 4239 NW 37 th Court. Miami FL 33142
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/28/2011 Document number: P11000059575
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)

Alvarez, Eduardo

190 EAST 11 STREET

Hialeah FL 33010

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alvarez, Eduardo

4239 NW 37 th Court

P.O. Box NOT acceptable

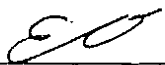
Miami, FL 33142

20 OCT 28 AM 11:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

President

Printed or typed name and title

I hereby accept 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

10/08/2020

Date

If signing on behalf of an entity:

Eduardo Alvarez

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 (04/13)