

P11000060408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

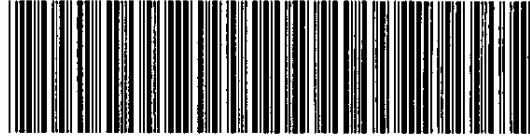
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SEP 29 2015

Y CANNON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Servimat USA Corp.
Name of Corporation

DOCUMENT NUMBER: P11000060408

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:

Ernesto Mata Garcia

Name of Contact Person

Servimat USA Corp

Firm/Company

416 SW Horseshoe Bay

Address

Port St. Lucie, FL 34986

City/State and Zip Code

servimatc.a@hotmail.com

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

For further information concerning this matter, please call:

Ernesto Mata Garcia

Name of Contact Person

at (954) 513 7047

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2015

ERNESTO MATA GARCIA
SERVIMAT USA CORP
416 SW HORSESHOE BAY
PORT ST. LUCIE, FL 34986 US

SUBJECT: SERVIMAT USA CORP
Ref. Number: P11000060408

We have received your document for SERVIMAT USA CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 015A00016945

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

1. The name of the corporation: Servimat USA Corp
2. The principal office address: 416 SW Horseshoe Bay
Port St. Lucie, FL 34986
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/2011 Document number: P11000060408
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)

Ernesto Mata A
16 Fleming Court
Weston, FL 33326

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

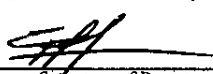
Ernesto Mata A
416 SW Horseshoe Bay, Port St. Lucie, FL 34986

P.O. Box NOT acceptable

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15 SEP 28 AM 11:56

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.

<p>_____ Signature of an officer or director</p>	<p>_____ Printed or typed name and title</p>
<p><i>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.</i></p>	
<p><u></u> Signature of Registered Agent</p>	<p><u>ERNESTO MATA PRESIDENT</u> Date</p>

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)