## P110000 76364

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: P11000076364

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:

Name of Contact Person

Mundial Consulting Inc

Firm/Company

8775 SW 221ST Ter.

Address

33190 Miami Florida

City/State and Zip Code

ivanseevens@gmail.com

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

For further information concerning this matter, please call:

Ivan Seevens at (786) 238-5145

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

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 and in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Mundial Consulting Inc	
1. The name of the corporation:  8775 SW/ 221ST Ter	_
2. The principal office address: 8775 SW 221ST Ter.  33190 Miami Florida	_
3. The mailing address (if different):	-
4. Date of incorporation/qualification: 3/2/6/201/ Document number: P11000076364	_
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)	
lucin Seevens	
100 BISCAYNE BLVD. SUITE 1114	
MIAMI, FL 33132	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Vac SeeverS	
- Ivan Seevens	T
8775 SW 221ST Ter.	==
P.O Box NOT acceptable  33190 Miami Florida	) i
The street address of its registered office and the street address of the business office of its registered seent, 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 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.	
6/2/2019	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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