P11000103456

(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

700252529857

10/15/13--01052--013 **35.00

13 OCT 15 AM 8:15

RA|RO|ch8
10.22.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLAUDIA & ADRIANA TC CORP
Name of Corporation

DOCUMENT NUMBER: P11000103456

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:

RAQUEL A. TANGARIFE CASTILLO
Name of Contact Person

CLAUDIA & ARDIANA TC CORP
Firm/Company

901 Brickell Key Blvd # 1907
Address

MIAMI, FL 33131
City/State and Zip Code

ATANGARI@its.jnj.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAQUEL A. TANGARIFE CASTILLO at (786) 521-0194
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

CR2E045 (03/12)

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: CLAUDIA & ADRIANA TC CORP.
2. The principal office address: 901 Brickell Key Blvd Unit 1907 Miami, Fl. 33131
3. The mailing address (if different): 15811 Collins Av. Unit 506 North Miami Bch, Fl 33160
4. Date of incorporation/qualification: 12/5/2011 Document number: P11000103456
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)

   JIM SIERRA

   5550 SW 87TH AVE

   MIAMI, FL 33165

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

   MATTHEW MATZ

   7369 SHERIDAN ST #201

   P.O Box NOT acceptable

   HOLLYWOOD, FL 33024

13 OCT 15 AM 9:45

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

RAQUEL A. TANGARIFE CASTILLO
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

JUNE 17, 2013
Date

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)