

P/2000014297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

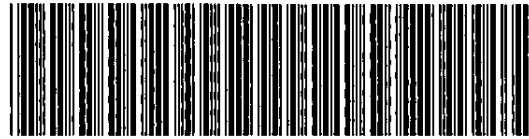
(Business Entity Name)

(Document Number)

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TALLAHASSEE RECORDS

AUG 27 2012

T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROCA BRUJA TRADING CORP  
Name of Corporation

**DOCUMENT NUMBER:** P12000014297

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:

ALEJANDRO VARGAS FUENTES

Name of Contact Person

ROCA BRUJA TRADING CORP

Firm/Company

9737 NW 41st STREET STE 909

Address

DORAL, FL 33178

City/State and Zip Code

avargas@rocabrujatrading.com

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

For further information concerning this matter, please call:

Fernando Arturo de los Rios at 305 542-5607

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

1. The name of the corporation: ROCA BRUJA TRADING CORP.
2. The principal office address: 9737 NW 41st Street, Suite 909  
Doral, FL 33178
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/10/12 Document number: P12000014297

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)

ALEJANDRO VARGAS FUENTES

20017 NW 86TH CT

MIAMI, FL 33015

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

ALEJANDRO VARGAS FUENTES

9737 NW 41st Street, Suite 909

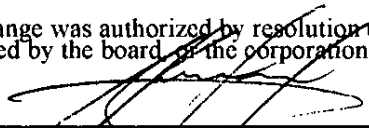
P.O. Box NOT acceptable

Doral, FL 33178

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SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

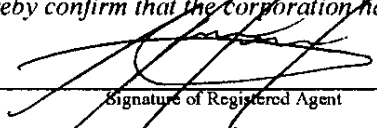
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Alejandro Vargas Fuentes

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

08/20/12

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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