

PI2000023375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

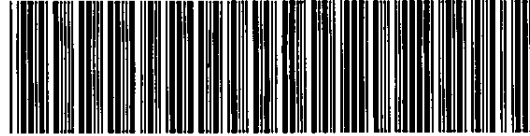
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/15--01016--002 **10.00

09/24/15--01013--018 **25.00

RECEIVED
DIVISION OF REVENUE
15 OCT 20 AM 7:58

OCT 21 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2015

FLORIDA CORPORATE SERVICES, LLC
3006 AVIATION AVE SUITE 2A
COCONUT GROVE, FL 33133 US

SUBJECT: MATISSE PROPERTY, INC.
Ref. Number: P12000023375

We have received your document for MATISSE PROPERTY, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 115A00020509

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MATISSE PROPERTY, INC.

Name of Corporation

DOCUMENT NUMBER: P12000023375

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

Florida Corporate Services, LLC

Firm/Company

3006 Aviation Ave, Suite 2A

Address

Coconut Grove, FL 33133

City/State and Zip Code

csantos@sordolaw.com

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

For further information concerning this matter, please call:

Alexander Pena. Esq.

Name of Contact Person

at (305) 859-8107

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: MATISSE PROPERTY, INC.
2. The principal office address: 50 South Point Drive, Unit 1604
Miami Beach, FL 33139
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/08/2012 Document number: P12000023375

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)

BARBOSA LEGAL

407 Lincoln Road, PH-NE

Miami Beach, FL 33139

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

FLORIDA CORPORATE SERVICES, LLC.

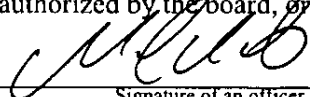
3006 Aviation Ave., Suite 2A

P.O. Box NOT acceptable

Coconut Grove, FL 33133

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

Marcelo Cordeiro

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

9/22/15
Date

If signing on behalf of an entity:

Cesar R. Sordo

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)

15 OCT 20 AM 7:58
DIVISION OF CORPORATIONS
STATE OF FLORIDA