## P12000034883

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Name)			
(Document Number)				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: PIRO IMPORT & EXPORT CORP  Name of Corporation				
DOCUMENT NUMBER: P12000034883				
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:				
HERIBERTO J MORENO				
Name of Contact Person				
Firm/Company				
1921 NW 20 ST				
Address				
Miami FL 33142				
City/State and Zip Code				
Piroimport export a Gmail: com.  E-mail address: (10 be used for future annual report notification)				
For further information concerning this matter, please call:				
HERIBERTO J MORENO at 786 536-0285  Name of Contact Person Area Code & Daytime Telephone Number				
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  Street Address:  Amendment Section				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 6, nge is submitted for a corporation to change its registered office or	organized under the laws o	f the State of Florida	
1. The name of t	he corporation: PIRO IMPOR	T & EXPORT COR	Р	
2. The principal	office address: 1921 NW 20	ST, Miami FL 33142	2	
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 10/15/19	Document num	ber: P12000034883	
5. The name and	street address of the current regist tment of State: (If resigned, enter i	tered agent and registered of	fice on file with the	
	HERIBERTO J MOREN	10		
	1921 NW 20 ST, Miami	FL 33142	29 9CT	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or	registered office	
	Ana Maria Torre Rojas		25. TH	
1921 NW 20 ST, Miami FL 33142  P.O. Box NOT acceptable				
The street addre	ss of its registered office and the be identical.	street address of the busine	ess office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of direction notified in writing of the	tors or by an officer so e change.	
Signatur	e of an officer or director	HEAREATO T	MOMENT PRESIDENT	
I furthér agrée t nerformance of	the appointment as registered ag o comply with the provisions of a my duties, and I am familiar with s document is being filed merely that the corporation has been not	ent and agree to act in this ill statutes relative to the pr and accept the obligation	capacity. oper and complete of my position as revistered	
Cha yar	CO Office Chatter of Registered Agent	10/15/19	Date	
alla Harrie	half of an entity:			

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