## P1200060514

(Re	equestor's Name)		
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<b>—</b>	<b>—</b>		
☐ PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
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(Document Number)			
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C. LEWIS EXAMINER

## COVER LETTER

TO: Amendment Section Division of Corporat	ions			
SUBJECT: NEV	W COMMERCE Name of Co	E INC prporation	-	
DOCUMENT NUMBER:_	P12000060	0514		
The enclosed Statement of C	hange of Registered Office	e/Agent and fee are submitted for t	filing.	
Please return all correspondence concerning this matter to the following:				
	DRIGO 505A ( Name of Cor	QUIZOGA  ntact Person		
PRESIDENT				
•	Firm/Co	mpany	•	
13453 HW 19 TH LH Address				
MIAMI, FL 33162 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
PODRIGO SOSA G	uiroga	at (305 ) 582 9	3236	
PODRIGO SOSA QUIROGA at (305) 582 9236  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.				
Amo Divi P.O.	ling Address: endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle	

## 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, Florid statement of change is submitted for a corporation organized under the laws of the State 6	
in order to change its registered office or registered agent, or both, in the State of	•
1. The name of the corporation:_ New Commerce	Inc
2. The principal office address: 13453 NW 19TH LH, MIAMI	FL 33182
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: 07/10/2012 Document number: P1	2000060514
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
RODRIGO SOSA GUIROGA	_
SOSA QUIROGA, RODRIGO	
2378 W 80th Street Bay # 2 HIALEAH, FL 33016	
	T T Vision
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	<b>19</b> 0
SAME	PH 12:
13453 NW 1941 In. P.O. Box NOT acceptable	2: 58 -
Miceni FL 33182	<del></del>
The street address of its registered office and the street address of the business office of as changed will be identical.	fits registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, of the corporation has been notified in writing of the change.	en officer so
Signature of an diffect or director  Printed or typed name and	PRESIDENT
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 coperformance of my duties, and I am familiar with and accept the obligation of my positing agent. Or, if this document is being filed merely to reflect a change in the registered of hereby confirm that the corporation has been notified in writing of this change.	omplete ion as registered fice address, I
Jackyollium .06/16/201	14
Signature of Registered Agent Date	· ·
If signing on behalf of an entity:	
Typed or Printed Name	

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