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## COVER LETTER

TO:

Amendment Section Division of Corporations

South Max Corp. Name of Corporation 12000074198

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:

Susana Vilalta Name of Contact Person South Max Corp. Firm/Company 3761 SW 139 Place Address Miami, FL 33185 City/State and Zip Code

vilaltai@bellsouth.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susana Vilalta 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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida St corganized under the laws of the State of <u>Fl</u> registered agent, or both, in the State of Fl	oria
1. The name of t	the corporation: South Max Conffice address: 3761 SW 139	orp.	
Miami, Fl	33185		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/30/20	Document number: P12000	0074198
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file wit resigned)	h the
	Fuerte, Alexey		52.12
	3761 SW 139 Place		AP R
	Miami, FI 33185		ीं ज
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Susana Vilalta		
	3761 SW 139 Place		
	Miami, FI 33185	Box NOT acceptable	
-		street address of the business office of its	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an o een notified in writing of the change.	fficer so
Signatu	re of an officer or director	Susana Vilatta (Presid	lent)
I hereby accept I further agree i performance of agent. Or, if th	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Ill statutes relative to the proper and comp and accept the obligation of my position of to reflect a change in the registered office tified in writing of this change.	as registered
x hum		4-10-18	
Signature of Registered Agent Date			
<del></del>	half of an entity:		
Alexex	· · · · · · · · · · · · · · · · · · ·		
T	yped or Printed Name		

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