

P2000081236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA-Chang
5-21-13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PLASGROM CORPORATION
Name of Corporation

DOCUMENT NUMBER: P12000081236

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:

Alvaro L. Mejer, Esq.

Name of Contact Person

Mejer Law. P.A.

Firm/Company

2222 Ponce de Leon Blvd., Penthouse

Address

Coral Gables, FL 33134

City/State and Zip Code

amejer@mejerlaw.com

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

For further information concerning this matter, please call:

Alvaro L. Mejer

at (305) 444-3355

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2013

ALVARO L. MEJER, ESQ.
MEJER LAW P.A.
2222 PONCE DE LEON BLVD-PENTHOUSE
CORAL GABLES, FL 33134

SUBJECT: PLASGROM CORPORATION
Ref. Number: P12000081236

We have received your document for PLASGROM CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 413A00010838

RECEIVED
13 MAY 20 AM 9:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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.

PLASGROM CORPORATION

1. The name of the corporation: _____
2. The principal office address: 175 S.W. 7th Street, Suite 1204, Miami, FL 33130
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9-25-2012 Document number: P12000081236

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)

GFB Tax Service LLC

5210 S.W. 201 St Terrace

Southwest Ranches, FL 33332

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

Alvaro L. Mejer

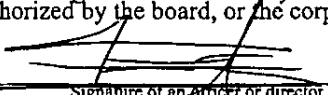
2222 Ponce de Leon Blvd., Penthouse

P.O. Box NOT acceptable
Coal Gables, FL 33134

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.

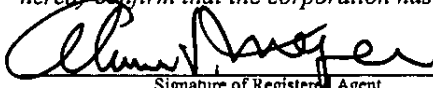
x


Signature of an officer or director

David F. Troche, Pres.

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

5/14/2013
Date

If signing on behalf of an entity:

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