

P12000097634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100354373741

01/15/21--01005--001 \*\*10.00

11/09/20--01018--011 \*\*25.00

2021 JAN 15 10:00 AM

RH/RL/CHS

JAN 20 2021  
ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SEGENA CORPORATION,  
Name of Corporation

DOCUMENT NUMBER: P12000097634

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:

JUAN JOSE ZARAGOZA  
Name of Contact Person

SEGENA CORPORATION  
Firm/Company

1381 BRICKELL AVENUE APT. 404  
Address

MIAMI / FLORIDA / 33129  
City/State and Zip Code

jjzaragoza@exancapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN JOSE ZARAGOZA at (305) 934 8993  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2020

JUAN JOSE ZARAGOZA  
1581 BRICKELL AVENUE  
APT. 404  
MIAMI, FL 33129

SUBJECT: SEGEMA CORPORATION  
Ref. Number: P12000097634

We have received your document for SEGEMA CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 920A00025275

**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: SEGENA CORPORATION
2. The principal office address: 1581 BRICKELL AVENUE APT. 404  
MIAMI FLORIDA 33129
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/28/2012 Document number: P12000097634
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)

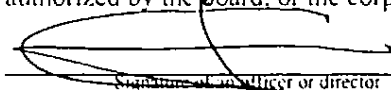
NEIRA GARCIA, MARIA ENCINA  
141 HARBOR DRIVE  
KEY BISCAYNE, FL 33149

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

JUAN ZARAGOZA  
1581 BRICKELL AVENUE APT 404  
P.O. Box NOT acceptable  
MIAMI FLORIDA 33129

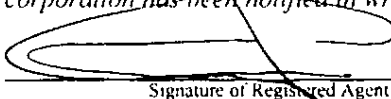
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

JUAN ZARAGOZA  
\_\_\_\_\_  
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

12/24/20  
\_\_\_\_\_  
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