

5/2/2017  
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Division of Corporations  
Florida Department of State  
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Account Number : FCA000000023  
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**REGISTERED AGENT CHANGE  
EQUIOFICA DISTRIBUTORS, INC.**

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EQUIOFICA DISTRIBUTORD, INC

Name of Corporation

**DOCUMENT NUMBER:** P13000005491

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:

YENNY HERRERA

Name of Contact Person

EQUIOFICA DISTRIBUTORS, INC

Firm/Company

15800 PINES BOULEVARS, SUITE 3090

Address

WESTON FL 33027

City/State and Zip Code

yherrera@equiofica.com

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

For further information concerning this matter, please call:

YENNY HERRERA

Name of Contact Person

at ( 954 ) 6494765  
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

Pursuant to the provisions of sections 607.0302, 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: EQUIOFICA DISTRIBUTORS, INC.
2. The principal office address: 15800 PINES BOULEVARD SUITE 3090 PEMBROKE PINES, FL 33027
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/16/2013 Document number: P13000005491
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)

Ricardo Alvarez

11463 SW 109 RD., #B

MIAMI, FL 33176

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

YENNY HERRERA/CONTROLLER

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.

C T Corporation System

By:

5/2/2017

Signature of Registered Agent Danny Verdecchia-Assst. Secretary

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

CR2E045 (03/12)

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 TALLAHASSEE, FLORIDA