9300013014

(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
(Business Entity Name)	_
(Document Number)	
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TALLAHASSEE, FEORIDA

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For further information concerning this matter, please call:

Raquel Anka	at ( 305	3318387
Name of Contact Pers	on 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

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	nversiones GP Internacional S.A INC
	244 NW 107 PATH UNIT 7
DORAL FL 3317	
3. The mailing address (if different):	
4. Date of incorporation/qualification	@2-03-2013 Document number: <u>P13000013014</u>
5. The name and street address of the Florida Department of State: (If rea	current registered agent and registered office on file with the signed, enter resigned)
Martorel	i's office Group Corp
<u>11046</u> ~	FLAGLER ST
MIANI	1 1L 33174
	new registered agent (if changed) and /or registered office
Jose Ank	a
3244 NW	OI PATH UNIT 7 DORAL FL 33178
	P.O. Box. NOT acceptable
The street address of its registered o as changed will be identical.	ffice and the street address of the business office of its registered agent.
Such change was futhorized by reso authorized by fielboard, or the corpo	tution duly adopted by its board of directors or by an officer so bration has been notified in writing of the change.
Signature of an officer or director	Jose Anka Officer/Director Printed or typed name and title
performance of my duties, and I am agent. Or, if this document is being	registered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address. I has been notified in writing of this change. 8 - 29 + 20 + 7
Signature of Registered Agent If signing on behalf of an entity:	Date P -5 P
Typed or Printed Name	* * * FILING FEE: \$35.00 * * * 50 8
	S PAYABLE TO FLORIDA DEPARTMENT OF STATE CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314