

PI4 000063243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

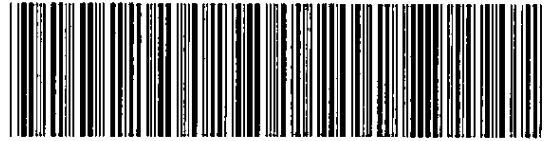
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MARVO USA CO**
Name of Corporation

DOCUMENT NUMBER: **P14000063243**

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:

RAFAEL FLORES
Name of Contact Person

PRESIDENT/MARVO USA CO
Firm/Company

2537 NW 72ND AVE SUITE B
Address

MIAMI FL 33122
City/State and Zip Code

ADMIN@MARVO-USA.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ALVAREZ at () **7864109094**
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**

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: MARVO USA CO.
2. The principal office address: 2537 NW 72ND AVE SUITE B, MIAMI FL 33122
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 07/28/2014 Document number: P14000063243
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)

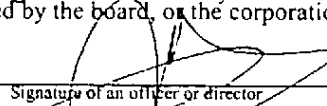
RESIGNED- ATRIUM REGISTERED AGENTS INC
8950 SOUTHWEST 74TH COURT SUITE 1901
MIAMI FL 33156

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

CHANGED - RAFAEL FLORES
50 SW 1TH STREET 3 1115 MIAMI FL 33130
P.O. Box NOT acceptable

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

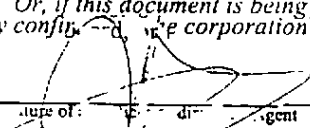
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

RAFAEL FLORES/PRESIDENT

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 the corporation has been notified in writing of this change.


Type of: _____ agent

07/31/2019

Date

If signing on behalf of an entity:

RAFAEL FLORES/PRESIDENT

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)

SECRET
STATE
FEB 11 2019

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