

P14000071159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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JUL 14 2015

T. YEMMEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **7 FULFILLMENT CENTER INC**

Name of Corporation

DOCUMENT NUMBER: **P14000071159**

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:

RONALD DAY

Name of Contact Person

7 FULFILLMENT CENTER INC

Firm/Company

657 SOUTH DRIVE

Address

MIAMI SPRINGS, FL 33166

City/State and Zip Code

MGARRIDO@CHABANWELLNESS.COM

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

For further information concerning this matter, please call:

MARCOS GARRIDO

Name of Contact Person

at **786 210-6767**

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



PAID

**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: 7 FULFILLMENT CENTER INC
2. The principal office address: 657 SOUTH DRIVE MIAMI SPRINGS, FL 33166
3. The mailing address (if different): 657 SOUTH DRIVE MIAMI SPRINGS, FL 33166
4. Date of incorporation/qualification: 8/26/14 Document number: P14000071159

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)

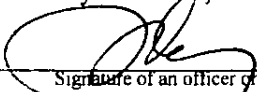
ALAIN J. YANES
341 MALAGA AVE
CORAL GABLES, FL 33134

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

MARCOS GARRIDO
657 SOUTH DRIVE
P.O. Box NOT acceptable
MIAMI SPRINGS, FL 33166

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

Ronald Day

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

6-29-15

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***