

P15 0000 94805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/4/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MOVENS GROUP CORP**

Name of Corporation

DOCUMENT NUMBER: **P15000094805**

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:

MONICA JARAMILLO

Name of Contact Person

MOVENS GROUP CORP

Firm/Company

119 SW 6TH AVE #504

Address

CORAL GABLES FL 33130

City/State and Zip Code

MONICA.JARAMILLO@GRUPOMOVENS.COM

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

For further information concerning this matter, please call:

MONICA JARAMILLO

Name of Contact Person

at **954 336 8545**

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: MOVENS GROUO, CORP.
2. The principal office address: 119 SW 6TH AVE #504 MIAMI FL 33134

3. The mailing address (if different): 1825 PONCE DE LEON BLVD #529
CORAL GABLES FL 33134

4. Date of incorporation/qualification: 11/19/2015 Document number: P15000094805

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)

1825 PONCE DE LEON BLVD #529

CORAL GABLES FL 33134

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

119 SW 6TH AVE #504

MIAMI FL 33130

P.O. Box NOT acceptable

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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.

MONICA JARAMILLO

Signature of an officer or director

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

11.27.2015

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)