

Division of Corporations

9/23/16 12:48 PM

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : MARIAN ANCHETA, P.A.
 Account Number : I20150000008
 Phone : (305)974-1904
 Fax Number : (305)468-6533

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MARIAN@INT-TAXADVISORS.COM

REGISTERED AGENT CHANGE
AROMER CORP.

Certificate of Status	0
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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: AROMER CORP.
2. The principal office address: 255 ARAGON AVE, 2ND FLOOR, CORAL GABLES, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/16/2015 Document number: P15000099610
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)
MARIAN ANCHETA LLERA, P.A.
701 BRICKELL AVE STE 1550
MIAMI, FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARIAN ANCHETA, P.A.
255 ARAGON AVE, 2ND FLOOR
CORAL GABLES, FL 33134

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

MARIAN ANCHETA, AUTH REP OF DIF

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

09/23/2016

Date

If signing on behalf of an entity:

MARIAN ANCHETA, ITS 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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