

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

429907

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000231708 3)))



H170002317083ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Archg
1/16 20 2017
R. L. L. L.

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

Email Address: _____

**REGISTERED AGENT CHANGE
CUPRA GROUP CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

17 AUG 28 PM 4:58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

17 AUG 28 AM 9:02

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUPRA GROUP CORP.
Name of Corporation

DOCUMENT NUMBER: P16000038504

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:

IÑAKI SAIZARBITORIA, ESQ.
Name of Contact Person

IÑAKI SAIZARBITORIA ESQ., P.A.
Firm/Company

21 SW 15 ROAD, SUITE 200
Address

MIAMI, FL 33129
City/State and Zip Code

info@inakilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IÑAKI SAIZARBITORIA at 305 374-4106
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

CR2ED45 (03/12)

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

Pursuant to the provisions of sections 697.0502, 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: CUPRA GROUP CORP.
2. The principal office address: 1441 BRICKELL AVENUE, SUITE 1018
MIAMI, FL 33131
3. The mailing address (if different): CUPRA GROUP CORP.
1441 BRICKELL AVENUE, SUITE 1018, MIAMI, FL 33131
4. Date of incorporation/qualification: 05/02/2016 Document number: P150000038504
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)
SEBASTIAN GOLOD
1390 BRICKELL AVENUE, SUITE 276
MIAMI, FL 33131
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
JUAN OCHOA ROLOTTI
1441 BRICKELL AVENUE, SUITE 1018
P.O. Box NOT acceptable
MIAMI, FL 33131

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]
Signature of an officer or director

DANIEL D. NUSYNKIER
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]
Signature of Registered Agent

AUGUST 21, 2017
Date

If signing on behalf of an entity:

Juan Ochoa Rolotti
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)

17 AUG 28 AM 9:02

FILED

Scanned by CamScanner