# P16000041750

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#### COVER LETTER

TO:

Amendment Section **Division of Corporations** 

## NUDARA INTERNATIONAL CORP

Name of Corporation

P16000041750

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:

#### ENRIQUE J. PEREZ

Name of Contact Person

### NUDARA INTERNATIONAL CORP

Firm/Company

11880 SW 19 terr # 121

Miami FL 33175

City/State and Zip Code

## enriqueperez@seatradesl.com

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

For further information concerning this matter, please call:

Enrique J. Perez

786 6241302
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

statement of ch	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617. poration organized under the laws of flice or registered agent, or both, i	of the State of FLORIDA	
1. The name of	the corporation: NUDAR	A INTERNATIONAL CC	v	
2. The principa Miami F	Loffice address: 11880 S L 33175	SVV 19 terr #121		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 05/	/10/2016 Document num	nber: P16000041750	
5. The name an		nt registered agent and registered o		
		-		
	11880 SW 19 Terr	#121 Miami FL 33175		
6. The name an (if changed):		registered agent (if changed) and /o	EP 19 P	The same of the sa
	Miami FL 33166	P.O. Box NOT acceptable	<b>5</b> 開 )(	
The street addr	ess of its registered office a	and the street address of the busine	ess office of its registered agent,	
Such change w authorized by t	as authorized by resolution he board, or the corporation	duly adopted by its board of direct has been notified in writing of the	ctors or by an officer so ne change.	
Signar	fre of an officer of director	•	rez / PRESIDENT	
I hereby accept I further agree performace of agent. Or, if th hereby confirm	the appointment as registe to comply with the provision my duties, and I am famili its document is being filed in that the corporation has b	ered agent and agree to act in this ons of all statutes relative to the po ar with and accept the obligation nerely to reflect a change in the re een notified in writing of this char	capacity. roper and complete of my position as registered egistered office address. I ige.	
		09/13/2016		
_	chalf of an entity:		Date	
r	whed or Printed Name			

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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