

P16000084011

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

		NUMBER PAGES:
Date:	October 19, 2017	AE: Jody Moua
TO:	Florida Department of State H1080	REFERENCE: 1108455
	PO Box 6327	
	Tallahassee, FL 32314	

FAX:

PLEASE PERFORM THE FOLLOWING:

SOBRAGUA, INC.

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: PLEASE FILE ON ROUTINE.

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	661967	Florida Department of State	\$35

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Jody Moua TO CONFIRM FILING RESULTS

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CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOBRAGUA, INC.

Name of Corporation

DOCUMENT NUMBER: P-1700000-75343-

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:

JODY MOUA

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

paracorp@myparacorp.com

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

For further information concerning this matter, please call:

JODY MOUA

Name of Contact Person

at (888) 272-3725

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: SOBRAGUA, INC.
2. The principal office address: 14045 CISNE CIRCLE
FT. PIERCE, FL 34951
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/17/2016 Document number: P16000084011

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)

PISCOPO, ROBERT

14045 CISNE CIRCLE

FT. PIERCE, FL 34951

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

Paracorp Incorporated

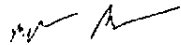
155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

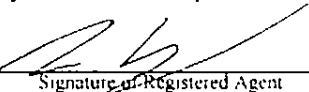


Signature of an officer or director

Mark Rosenblum, President

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

10/19/2017

Date

If signing on behalf of an entity:

Milton Vong, Asst. Secretary, Paracorp Incorporated

Typed or Printed Name

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