

P16000084879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

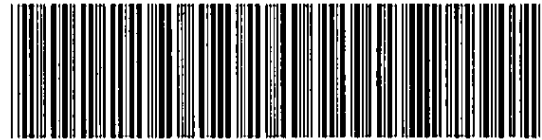
(Business Entity Name)

(Document Number)

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R. WHITE
OCT 06 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAXI TOURS USA INC
Name of Corporation

DOCUMENT NUMBER: P16000084879

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:

NEUZA CESAR

Name of Contact Person

ATPLUS OF MIAMI INC.

Firm/Company

8180 NW 36TH STREET #407

Address

DORAL, FL 33166

City/State and Zip Code

NEUZACESAR@YAHOO.COM

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

For further information concerning this matter, please call:

NEUZA CESAR

Name of Contact Person

786 420-2909

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: MAXI TOURS USA INC
2. The principal office address: 1221 Brickell Ave Ste 900 MIAMI, FL 33134.

3. The mailing address (if different): 1221 Brickell Ave Ste 900 MIAMI, FL 33134.

4. Date of incorporation/qualification: 10/19/2016 Document number: P16000084879

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)

Sousa & Associates Inc

5728 Major Blvd Ste 309

ORLANDO, FL 32819

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

ATPLUS OF MIAMI INC.

8180 NW 36TH STREET #407

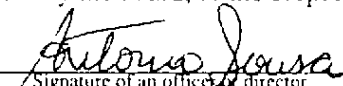
P.O. Box NOT acceptable

DORAL, FL 33166

2019 SEP 20 PM 12:18

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

ANTONIO JOSE SOUSA - 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

09/17/2019

Date

If signing on behalf of an entity:

NEUZA MIRANDA CESAR
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)