

PI700000 4649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: ANDEAN FRESH FRUIT CORP.
Name of Corporation

DOCUMENT NUMBER: P17000004649

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:

MARIAM PADROSA
Name of Contact Person

ANDEAN FRESH FRUIT CORP.
Firm/Company

12707 NW 42 AVE STE: 4
Address

OPA-LOCCA FL 33054
City/State and Zip Code

mpadrosa@andeanfresh.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIAM PADROSA at (305) 681-1070
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

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: ANDEAN FRESH FRUIT CORP.

2. The principal office address: 12707 NW 42 AVE STE:4
OPA-LOCKA FL 33054

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/17/2017 Document number: P17000004649

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)

FRANCISCO DABIKE ARMSTRONG

12707 NW 42 AVE

OPA-LOCKA FL 33054

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

MARIAM PADROSA

12707 NW 42 AVE STE:4

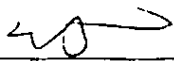
P.O. Box NOT acceptable

OPA-LOCKA FL 33054

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

MARIAM PADROSA/D

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

2/12/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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