## PITUUCUIUIZE

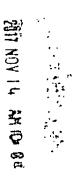
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine in Figure 2)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
TO: Amendment Section Division of Corporations  SUBJECT: Envios a Chile, Inc.  Name of Corporation
DOCUMENT NUMBER: <u>P17000010120</u>
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:
Claudio Heman Godoy Melendez
Envios a Chile, Inc
8533 NW 114 COUPT
Dolal, #1 33178  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cloudiv Godoy at (780,704-7400) Name of Contact Person at (780,704-7400) 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  Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## 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 Horda
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Envios a Chile, Inc
2. The principal office address: 8533 NW 114 Court
Doral, F1 33178
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/30/2017 Document number: P17000010126
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)
Claudio Hernan Godoy Melendez
6015 NW 116 place #4604
Doral, F1 33178
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
· 8533 NW 114 Court
Doral P.O. Box NOT acceptable
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 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.
Signburg of Registrat Agent
If signing on behalf of an entity:
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)