

P17000016531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

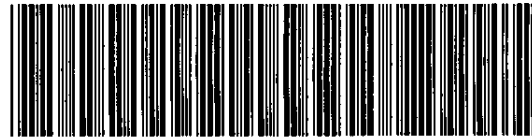
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300297550783

04/07/17--01019--014 \*\*35.00

FILED  
2017 APR -7 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RO/chg

APR 10 2017  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEROLA CORP  
Name of Corporation

**DOCUMENT NUMBER:** P 17000016531

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:

MARIA D'OCON  
Name of Contact Person

MEROLA CORP  
Firm/Company

2700 SW 27TH AVE  
Address

MIAMI, FL 33133  
City/State and Zip Code

mariadocon@docon.eu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA D'OCON at 786 3959213  
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: MEROLA CORP
2. The principal office address: 2700 SW 27th Ave, Apt 1116, Miami, FL 33133
3. The mailing address (if different): same

4. Date of incorporation/qualification: 02/20/2014 Document number: P17000016531

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)

MARIA D'OCON

2401 DOUGLAS RD, #210

MIAMI, FL 33145

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

MARIA D'OCON

2700 SW 27TH AVE

P.O. Box NOT acceptable

MIAMI, FL 33133

**FILED**  
**2017 APR -7 AM 9:35**  
**SECRETARY 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

MARIA D'OCON PRESIDENT & AGENT

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

03/7/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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