

P17000027727

(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



900299971389

06/15/17--01005--021 ♦♦35.00

JUN 19 2017  
S. YOUNG

17 JUN 19 2017  
S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AFricano Solutions INC.  
Name of Corporation

DOCUMENT NUMBER: P17000027727

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:

German AFricano  
Name of Contact Person

Firm/Company

61 Waterford C, Delray Beach, FL 33446  
Address

Delray Beach, FL 33446  
City/State and Zip Code

gerafrimon@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johanna Guerrero at (630) 751 9368  
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: Africano Solutions Inc.
2. The principal office address: 61 Waterford C, Delray Beach, FL 33446
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/24/2017 Document number: P17000027727
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)

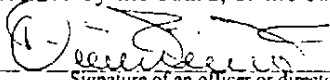
German Africano  
6043 Boca Colony Dr. #24  
Boca Raton, FL 33433

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

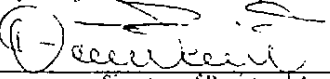
61 Waterford C  
P.O. Box NOT acceptable  
Delray Beach, FL 33446

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.

 \_\_\_\_\_ German Africano Director  
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.*

 \_\_\_\_\_ 6/12/17  
Signature of Registered Agent Date

If signing on behalf of an entity:

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

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