P17000066335

(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:			
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COVER LETTER

TO: Amendment Section Division of Corporations

2018 JAN I I S

SUBJECT:	O E GROUP INTERNATIONAL, CORP
	Name of Corporation
DOCUMENT?	NUMBER: P17000066338

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:

ALEJANDRO TRUJILLO

Name of Contact Person

O E GROUP INTERNATIONAL

Firm/Company

255 SW 11th STREET #719

Address

MIAMI, FL 33130

City/State and Zip Code

CEO@OEGROUPINTERNATIONAL.COM

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

For further information concerning this matter, please call:

ALEJANDRO TRUJILLO at 786 769-6191

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

statement of chan	ge is submitted for a corporation organ	02, 607,1508, or 617,1508, Florida Statutes, this nized under the laws of the State of Florida	—
		tered agent, or both, in the State of Florida.	
1. The name of th	e corporation: O E GROUP IN	TERNATIONAL	
2. The principal of	office address: 11354 NW 83rd	WAY Doral, FL 33178	
	055 014 440	OTDEET WITHOUTH EL COACO	
.3. The mailing ad	dress (if different): 255 SVV 11th	STREET #719 MIAMI, FL 33130	
4. Date of incorpo	oration/qualification: 01/02/2018	Document number:	264
5. The name and		agent and registered office on file with the ned)	
	JAVIER SA	NCHEZ	
_	11354 NW 83rd WA	Y Doral, FL 33178 을	
		<u>ل</u> بيون	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
_	ALEJANDRO T		
	255 SW 11th STREET #	# 0	•
	P.O. Box NO	T acceptable	
The street addres as changed will l	ss of its registered office and the street be identical.	t address of the business office of its registered a	agent,
Such change was authorized by the		d by its board of directors or by an officer so otified in writing of the change.	
ALE[ANDRO TRYLLO r of an officer or director	ALEJANDRO TRUJILLO / PRESIDEN	<u></u>
I further agree to performance of r agent. Or, if this	ny duities, and I am familiar with and a	tutes relative to the proper and complete accept the obligation of my position as registere flect a change in the registered office address, I	ed .
ALFIAN	ofo Trullo	01/02/2018	
Sign	ature of Registered Agent	Date	
If signing on beh	nalf of an entity:		(
	ped or Printed Name		
.,	* * * FILING FI	EE: \$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)