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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE

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Email Address:_____

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: Mayaimi International Corp

- **a** -

2. The principal office address: 7901 4th St N STE 300 St. Petersburg FL 33702

3. The mailing address (if different): 7901 4th St N STE 300 St. Petersburg FL 33702

- 4. Date of incorporation/qualification: 01/23/18 Document number: P18000007879
- 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)

	PRODEZK INC	:• c :	19	
	5040 NW 7TH ST SUITE 690		DEC	
	MIAMI, FL 33126		3	
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):			AH 8:5	5
	Registered Agents Inc.		1	
	7901 4th St N STE 300	ζ9		

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

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Manuel Freire-Garabal, President 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.

Bell Hame Signature of Registered Agent

12/18/19

Date

If signing on behalf of an entity:

Bill Havre

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)