

P18000037700

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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PLENTICOM, CORP.  
Name of Corporation

**DOCUMENT NUMBER:** p18000037700

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:

Delaila Estefano

Name of Contact Person

Estefano Law, P.A.

Firm/Company

1960 SW 27th Ave

Address

Miami, Florida 33145

City/State and Zip Code

delaila@estefanolaw.com

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

For further information concerning this matter, please call:

Delaila Estefano

Name of Contact Person

at (305) 441-0616

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Plenticom Corp.
2. The principal office address: 4100 Island Boulevard Suite 1903  
Aventura, Florida 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/23/2018 Document number: P18000037700
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)

Resigned

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

Estefano Law, P.A.

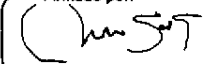
1960 SW 27th Ave

P.O. Box NOT acceptable

Miami, Florida 33145

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 Officer or Director

Natalia Salas

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

08/30/2024

Date

If signing on behalf of an entity:

Delaila Estefano, Esq.

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 (04/13)