P18 000079472

(Requestor's Na	ame)	
(Address)		
(Address)		
(City/State/Zip/F	Phone #)	
PICK-UP WAI	T MAIL	
(Business Entity	y Name)	
(Document Number)		
Certified Copies Certifi	cates of Status	
Special Instructions to Filing Office	r.	
	4	

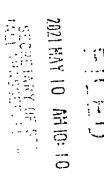




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00/07/21 JH



COVER LETTER

TO: Amendment Section Division of Corporations	
·	
SUBJECT: MAIVER USA CORP Name of Corporation	
DOCUMENT NUMBER: P18000079472	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
MASIEL ALMONTE	
Name of Contact Person	
D&V MULTI SERVICES CO	
Firm/Company	
5951 NW 151ST ST SUITE 101	
Address	
MIAMI LAKES, FL 33014	
City/State and Zip Code	
MAIVERCORPORATIONO	CA@HOTMAIL.COM
E-mail address: (to be used for future annua	ll report notification)
For further information concerning this matter,	please call:
GIOVANNI ZABALETA	. 954 464-9795
Name of Contact Person	at (954) 464-9795 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	: Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	•	, 607.1508, or 617.1508, Florida Statutes, this sed under the laws of the State of <u>FLORIDA</u> ed agent, or both, in the State of Florida.	
1. The name of t	he corporation: MAIVER USA CORP		
2. The principal	office address: 4980 SW 52ND ST BAY I	17 DAVIE, FL 33314	
3. The mailing a	ddress (if different): 8800 NW 36TH ST A	PT 4118 DORAL, FL 33178	
4. Date of incorp	poration/qualification: 09/14/2018	Document number: P18000079472	
5. The name and	I street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office on file with the	
	D&V MULTI SERVICES CO (RESIGNED))	
	5951 NW 151ST ST SUITE 101		
	MIAMI LAKES, FL 33014		
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered office	
	GIOVANNI ZABALETA		2021
	8800 NW 36TH ST APT 4118	(7.6) (7.4) (2.0)	2021 KAY 10
	P.O Box	NOT acceptable مراجعة	-0
	DORAL, FL 33178		
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its registered	
Such change wa authorized by th	as authorized by resolution duly adopted he board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.	0
Chipari	nni Fabralio ta	GIOVANNI ZABALETA	
Signatur	e of an officer or director	Printed or typed name and title	
I further agrée i of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all statuded I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete perfo ation of mv position as registered agent. Or registered office address, I hereby confirm t	rmance if this hat the
Gibo	nni Fassaleta	04/30/2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped or Printed Name		

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