

PIB 000079472

(Requestor's Name)

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(City/State/Zip/Phone #)

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## 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 Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this 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

MAIVERCORPORATIONCA@HOTMAIL.COM

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

For further information concerning this matter, please call:

GIOVANNI ZABALETA

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  
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

CR2E045 (04/13)