

PI8000085318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

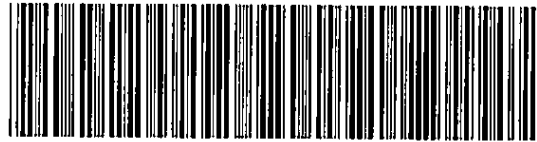
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SOUTH DAKOTA STATE  
DIVISION OF REVENUE  
18 OCT 25 AM 10:27

Ra office change

OCT 30 2018

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WD EXIM INC.  
Name of Corporation

**DOCUMENT NUMBER:** P18000085318

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:

CAROLINA BARBEITO  
Name of Contact Person  
WD EXIM INC.  
Firm/Company  
840 NW 57TH CT  
Address  
FORT LAUDERDALE, FL 33309  
City/State and Zip Code

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

For further information concerning this matter, please call:

CAROLINA BARBEITO at 954 579-7403  
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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**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: WD EXIM INC.
2. The principal office address: 840 NW 57TH CT  
FORT LAUDERDALE, FL 33309
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/10/2018 Document number: P18000085318

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)

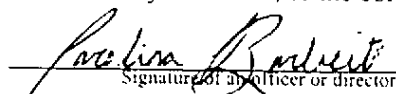
CAROLINA BARBEITO  
804 NW 57TH CT  
FORT LAUDERDALE, FL 33309

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

CAROLINA BARBEITO  
840 NW 57TH CT  
P.O. Box NOT acceptable  
FORT LAUDERDALE, FL 33309

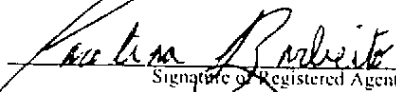
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

P  
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

10-19-2018

Date

If signing on behalf of an entity:

CAROLINA BARBEITO  
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)

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STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
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