

P19000 059 312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

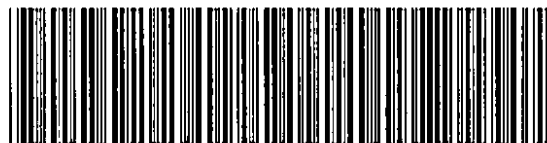
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400336802464

11/12/19--01020--036 \*\*35.00

FILED  
2019 NOV 12 P 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DEC 12 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Moure Corp.

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: P19000059372

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:

Vladimir Rodriguez

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

223 Calabria Ave. Apt. 7

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

moure.corp@outlook.com

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

For further information concerning this matter, please call:

Jennifer Rodriguez

\_\_\_\_\_  
Name of Contact Person

at ( 786 ) 280-1851

\_\_\_\_\_  
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

**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: Moure Corp.
2. The principal office address: 4244 SW 163 Path, Miami FL 33185
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/20/2019 Document number: P19000059372

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)

RODRIGUEZ, VLADIMIR

5402 SW 127 PL

MIAMI, FL 33175

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

RODRIGUEZ, VLADIMIR

4244 SW 163 Path

P.O. Box NOT acceptable

Miami FL 33185

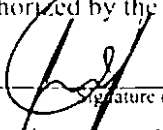
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 NOV 12 P 11:52

FILED

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

Jennifer Rodriguez, MGR

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

11/07/19

Date

If signing on behalf of an entity:

Vladimir Rodriguez Moure

Typed or Printed Name

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