

PI9 000065228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

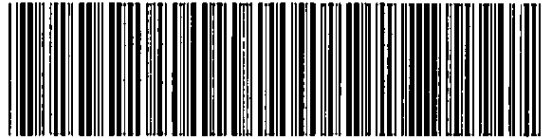
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TECNOLOGIA MART PRO 2070 CORP  
Name of Corporation

DOCUMENT NUMBER: P19000065228

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:

MIGUEL ANGEL ROJAS TORRES  
Name of Contact Person

TECNOLOGIA MART PRO 2070 CORP  
Firm/Company

7901 NW 7TH AVE APT 307  
Address

MIAMI, FL 33150  
City/State and Zip Code

MIGUEL.ROJAS@MYMARTPRO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER ALFONSO MARQUINA BUENANO at (786) 3197318  
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  
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: TECNOLOGIA MART PRO 2070 CORP  
2. The principal office address: 7901 NW 7TH AVE APT 307 MIAMI, FL 33150

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 08/20/2019 Document number: P19000065228

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)

QUINTERO & ASOCIADOS DESPACHO DE ABOGADOS

2200 NW 72ND AVE #523223

MIAMI, FL 33152

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

JAVIER ALFONSO MARQUINA BUENANO

7901 NW 7TH AVE APT 307

P O Box NOT acceptable

MIAMI, FL 33150

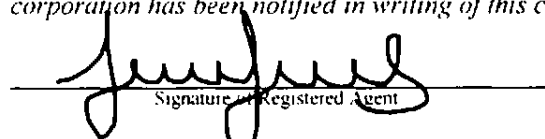
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

MIGUEL ANGEL ROJAS TORRES  
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

12/10/2020

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)