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## **COVER LETTER**

Amendment Section Division of Corporations TO: **GUAYAMA GROUP INC.** SUBJECT: Name of Corporation P19000067981 DOCUMENT NUMBER:\_ 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: Darwin M. Rivera Name of Contact Person GUAYAMA GROUP INC. Firm/Company 11890 SW 8TH ST STE 512 Address MIAMI, FL 33184 City/State and Zip Code darwin.rivera@guayamagroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Darwin M. Rivera 571 212-7942 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 Street Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of change is sub	nitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, unized under the laws of the State of Florida stered agent, or both, in the State of Florida.	this
	tion: Guayama Group		
2. The principal office add	11890 SW 8th St	treet Suite 512 Miami, FL 33184	ļ
2. The principal office add	CSS		
3. The mailing address (if o	fifferent): 11890 SW 8t	h Street Suite 512 Miami, FL 33	1184
4. Date of incorporation/qu	ualification: July 15, 20	13 Document number: P190000679	981
5. The name and street add		agent and registered office on file with the	
Rafael	Marrero & Company	у	
11890	SW 18th Street Suit	e 511 Miami, FL 33184	
			2019
6. The name and street add (if changed):	ress of the new registered ag	gent (if changed) and /or registered office	20191617 -8
Rafael	Marrero & Company	y	PH 12:
11890	<del> </del>	511 Miami, FL 33184	12: 22
as changed will be identic	al.	et address of the business office of its registe ed by its board of directors or by an officer s notified in writing of the change.	
11/2		Darwin Rivera, President	
Signature of an office	r or director	Printed or typed name and title	<del></del>
I further agree to comply performance of my duties	with the provisions of all sta	and agree to act in this capacity. Catutes relative to the proper and complete I accept the obligation of my position as regi Agrees a change in the registered office addre I in writing of this change.	istered ss, I
KAMUA 1		NOV. 12019	
Signature of Reg	stered Agent	Date	
If signing on behalf of an			
KAFACL MAPLES	LO AND COMPANY		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)