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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WORLDWIDE ADVANTAGE, INC. Name of Corporation
DOCUMENT NUMBER: P19000070541
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:
Samantha Jackson
Name of Contact Person
Meriam Corporate Services, Inc.
Firm/Company
PO Box 52588
Address
Mesa AZ 85208
City/State and Zip Code
meriamfinancial@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samantha Jackson at (720) 318.8456 Name of Contact Person Area Code & Daytime Telephone Numb
Name of Contact Person Area Code & Daytime Telephone Numb
Enclosed is a \$35.00 check made payable to the Department of State.
No. 11: A Advance. Stroot Address:

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

statement of cha	inge is submitted for a corporation orge	502, 607.1508, or 617.1508, Florida Statutes anized under the laws of the State of Florid astered agent, or both, in the State of Florida.	<u></u> _	
1. The name of t	the corporation. WORLDWIDE A	DVANTAGE, INC.		
2. The principal	office address: 168 SE 1st Stree	t Ste 501 Miami FL 33131		
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification: 09/05/2019	Document number: P19000070	541	
5. The name and		agent and registered office on file with the		
	PAULA SILVEIRA		201	
	6802 LUMBERJACK LN		2018 [] - 1	
	OCOEE, FL 34761		(၁)	
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered office	F112:	
	PAULA SILVEIRA		ហ ហ	
168 SE 1st Street Ste 501				
	P.O. Box No Miami FL 33131	OT acceptable		
The street address changed will Such change was authorized by the	ess of its registered office and the street be identical.	et address of the business office of its regist ed by its board of directors or by an officer notified in writing of the change.	ered agent.	
Frales	du	PAULA SILVEIRA, PRESIDENT		
I hereby accept	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	Printed or typed name and title and agree to act in this capacity, at utes relative to the proper and complete accept the obligation of my position as reg flect a change in the registered office addre in writing of this change.	istered ess, 1	
Tarles		10/30/2019		
_	nature of Registered Agent	Date		
If signing on bo	half of an entity:			
	yped or Printed Name			

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

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