

P21000002799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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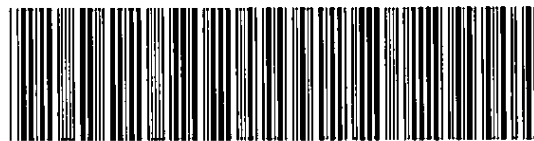
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 8/26/21

NAME: BELCARO INC.

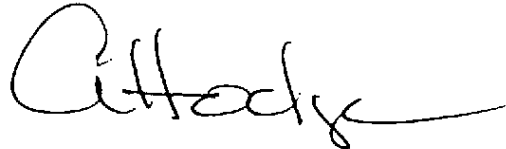
TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 35.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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: BELCARO INC
2. The principal office address: 100 SE 2nd St, Suite 2000, Miami FL 33180
3. The mailing address (if different): 100 SE 2nd St, Suite 2000, Miami FL 33180
4. Date of incorporation/qualification: 01/04/2021 Document number: P21000002799
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)

MARIA CAMPANA

9907 THREE LAKES CIR

BOCA RATON, FL 33428

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

Florida Filing & Search Services, Inc.

155 Office Plaza Drive, Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

Gorki Ramirez Castellanos - Director
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

8/26/21
Date

If signing on behalf of an entity:

DeAnne Hodge
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)

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