## P22000010276

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
J DENNIS		
JAN 1 8 2023		1 8 2023

Office Use Only



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2022 OCT 20 AM II: 34



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Monkimau Corp Name of Corporation		
DOCUMENT NUMBER: P22000010276		
	red Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning the	-	
Sebastian Dill		
Name of Contact Person		
MERCATORZ LP		
Firm/Company		
3250 NE 1st Ave STE 305		
Address		
Miami, FL 33137		
City/State and Zip Code		
info@mercatorzusa.com		
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter	r. please call:	
Sebastian Dill	at (786 ) 435-0012	
Name of Contact Person	at (786 )435-0012 Area Code & Daytime Telephone Number	
Enclosed is a \$35,00 check made payable to the	ne Department of State.	
Mailing Address: Amendment Section	Street Address:	
	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananassee, FL 32314	Tallahassee, FL 32303	

CR2E045 (04/13)

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

		, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ion organized under the laws of the State of Florida	
		or registered agent, or both, in the State of Florida.	
i. The name of	the corporation: Monkimau Corp	•	
	office address: 3250 NE 1st Ave		
Miami, FL 3313			
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/02/202	22 Document number: P22000010276	
5. The name and Florida Depa	d street address of the current regitiment of State: (If resigned, enti-	gistered agent and registered office on file with the	
	Christiane Naumann		
	12245 NE 12th Place		
	North Miami, Fl. 33161		
6. The name and (if changed);	d street address of the new regist	ered agent (if changed) and/or registered office	
	Christiane Naumann		
	7612 Pasa Dobles Ct		
		P.O. Box NOT accquable	
	Tampa, FL 33615		
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its registered agent.	
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an officer so sheen notified in writing of the change.	
7	<del></del>	Florian Schumacher - President	
	re of an officer or director	Printed or typed name and tule	
I hereby accept I jurther agree of my duties, an document is be corporation has	the appointment as registared it to comply with the provisions of all am familiar with and accepting filed merely to reflect a chain seen notified in writing of this	agent and agree to act in this capacity. I all statutes relative to the proper and complete performance I the obligation of my position as registered agent. Or, it this uge in the registered office address. I hereby confirm that the change.	
Μ.		09/24/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
· · · · · · · · · · · · · · · · · · ·	yped or Printed Name	_	
,	ypor or r rinten Name		

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