## P22000063853

(Re	questor's Name)	
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(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Bu	isiness Entity Na	me)
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Special Instructions to	Filing Officer.	
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2022 NOV 29 ATTH: OI

2008 S2026

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A. BUTLER NOV 3 0 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 159302 8384787							
AUTHORIZATION: Typellocena,							
COST LIMIT : \$35.00							
ORDER DATE: November 28, 2022							
ORDER TIME : 1:54 PM							
ORDER NO. : 159302-010							
CUSTOMER NO: 8384787							
CHANGE OF AGENT							
NAME: -AMARES GLOBAL CORP.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							

EXAMINER:

## **COVER LETTER**

TO:	O: Amendment Section Division of Corporations					
SUBJ: Name	ECT: AMARES GLOBAL CORP. of Corporation					
DOCU	JMENT NUMBER: P22000063853					
The en	nclosed Statement of Change of Registered	Office/Agent and fce are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
LUZ I.	.OPEZ					
Name	of Contact Person					
FL IN	TERNATIONAL TAX ADVISORS, INC.					
Firm/C	Company	· · · · · · · · · · · · · · · · · · ·				
2875 N	SE 191ST ST. STE 500 OFFICE 523					
Addres	SS	<del></del>				
AVEN	TURA, FL 33180					
City/S	tate and Zip Code					
	INCORPORATIONS@FLIN	VEST.CO				
E-mai	I address: (to be used for future annual	report notification)				
		•				
For fu	rther information concerning this matter, p	lease call:				
LUZ L	.OPEZ	719-7246				
-	Name of Contact Person	at ( 786 ) 719-7246  Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check made payable to the	Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Si n organized under the laws of the State of registered agent, or both, in the State of Fl		this	_
-	the corporation: AMARES GLOBA		in nace.		
2. The principal	office address: 848 Brickell Ave, \$	Suite 203 Miami, FL 33131			
3. The mailing a	ddress (if different):				_
		Document number: P220000	63853		
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with resigned)	h the		
	BP Tax Advisory LLC				
	848 Brickell Ave, Suite 203				
	Miami, FL 33131				
6. The name and street address of the new registered agent (if changed) and /or re (if changed):		ed agent (if changed) and /or registered offi	ce.	2 AON 2202	****** } ***
	Corporation Service Company		-	9	
	1201 Hays Street		1314		) 
	Tallahassee	P.O. Box NOT acceptable FL 32301		科田: 06	_
The street addre	ess of its registered office and the	street address of the business office of its	register		ent,
as changed will Such change wa authorized by th		adopted by its board of directors or by an obeen notified in writing of the change.	fficer s	υ	
		Sandra Restrepo			
Signatu	lra Restrepo re of an officer or director	Printed or typed name and title			_
I further agree i of my duties, an document is bei corporation has	to comply with the provisions of i	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered te in the registered office address, I hereby hange.	olete per agent. confiri	rforma Or, if i n that	nce this the
By: ally	wo wind, AVP	11/29/2022			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
T	pped or Printed Name	-			

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