P22000065119

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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2022 OCT 31 AM 8: 59

1/28/2023

COVER LETTER

TO:	Amendment Section	ş
	Division of Corporations	, .
		•
SUBJ	ECT: EXITO EXECS, INC.	
Name	of Corporation	
DOC	UMENT NUMBER: P22000065119	
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Saman	ntha Jackson	
Name	of Contact Person	
Meria	m Corporate Services, Inc.	
Firm/0	Company	
PO Bo	ox 52588	
Addre	88	
Mesa 2	AZ 85208	
City/S	State and Zip Code	
	meriamfinancial@gmail.com	r
E-ma	il address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter.	please call:
Saman	ntha Jackson	at (720)318.8456
	Name of Contact Person	at (720) 318.8456 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	F.O. DOX 0227	rne Centre of Fananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

\sim STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, inge is submitted for a corporation or to change its registered office o	on organized w	nder the laws of t	he State of	Florid	a	
1. The name of	the corporation: EXITO EXECS.	INC.					
2. The principal	office address: 45 W Bay St Ste 2	03 Jacksonville	FL 32202				
3. The mailing a	ddress (if different):			· · · · · · · · · · · · · · · · · · ·			
	poration/qualification: <u>08/18/202</u>						
	I street address of the current reg tment of State: (If resigned, ente		nd registered offi	ce on file with	the		
	Linda Porcayo			=	SE E	202	
	132 SW 9TH ST			7		2022 OCT 31 AM	
	MIAMI, FL 33130) 20.	3	F
6. The name and (if changed):	I street address of the new registo	ered agent (if cl	nanged) and /or re	t-	AS OF AT	AM 8: 59	
	Linda Porcayo				ш	w .	
	45 W Bay St Ste 203						
	Jacksonville FL 32202	P.O. Box. NOT ac	eceptable				
The street address changed will	ess of its registered office and the	ne street addres	s of the business	s office of its	regist	ered a	gent,
_	as authorized by resolution duly board, or the corporation has	adopted by its been notified i	board of directon writing of the	ors or by an o change.	fficer	so	
AT.	\supset	Lind	a Porcayo, PRESI	DENT			
	re of an officer or director		-	ped name and title	•	•	
I further agree (of my duties, an document is bei	the appointment as registered of comply with the provisions of d I am familiar with and accepting filed merely to reflect a chain been notified in writing of this	Call statutes re t the obligation uge in the regis	e to act in this co lative to the prop of my position of tered office addi	apacity, per and comp is registered ress, I hereby	dete p agent. Confi	erfori Or, rm the	nance if this it the
A-1.	\supset	10/2	5/2022				
<u>आर्</u>	nature of Registered Agent	_		Date			
If signing on be	half of an entity:						
T	yped or Printed Name	_					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 5 (04/13)

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