P2200071782

| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|--------|---|--|--|
| SHRI | ECT: DIALUM CORPORATION | | |
| Name | of Corporation | | |
| DOC | JMENT NUMBER: P22000071782 | | |
| The er | nclosed Statement of Change of Registered | Office/Agent and fee are submitted for filing. | |
| Please | return all correspondence concerning this | matter to the following: | |
| | o Escobar | | |
| Name | of Contact Person | | |
| | a Companies Services LLC | | |
| Firm/ | Company | | |
| | Biscayne Blvd Suite 800-37 | | |
| Addre | SS | | |
| | Miami FL. 33181 | | |
| City/S | tate and Zip Code | ···· | |
| | patricio@escobar.com | | |
| E-ma | il address: (to be used for future annual | report notification) | |
| | | | |
| For fu | orther information concerning this matter, p | olease call: | |
| Patric | o Escobar | at (917)3706565 | |
| | Name of Contact Person | at (917)3706565 Area Code & Daytime Telephone Number | |
| Enclo | sed is a \$35.00 check made payable to the | Department of State. | |
| | Mailing Address: | Street Address: | |
| | Mailing Address: Amendment Section | Amendment Section | |
| | Division of Corporations Division of Corporations | | |
| | P.O. Box 6327 | 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 orgo | i02, 607.1508, or 617.1508, Florida Statutes, this mized under the laws of the State of Florida | | | |
|--|--|--|--|--|--|
| | <u> </u> | stered agent, or both, in the State of Florida. | | | |
| 1. The name of | the corporation: DIALUM CORPORATI | ON | | | |
| 2. The principal office address: 12550 Biscayne Blvd Suite 800-37. North Miami FL. 33181 | | | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incorp | poration/qualification: 09/14/2022 | Document number: P22000071782 | | | |
| | d street address of the current registered rtment of State: (If resigned, enter resign | agent and registered office on file with the ned) | | | |
| | 360 Corporate Solutions LLC | | | | |
| | 2600 S Douglas Road PH-8, Coral Gable | ss, FL. 33134 | | | |
| 6. The name and (if changed): | d street address of the new registered ag | es, FL. 33134 ent (if changed) and /or registered of trees. FATE THE STATE OF TH | | | |
| | 12550 Biscayne Blvd Suite 800-37, Nort | h Miami FL. 33181 | | | |
| | PO B | lox NOT acceptable | | | |
| The street addre | ess of its registered office and the stree be identical. | et address of the business office of its registered agent, | | | |
| Such change was authorized by the | as authorized by resolution duly adopt he board or the corporation has been r | ed by its board of directors or by an officer so notified in writing of the change. | | | |
| | | Ovidio Fernando Diez Gromoll P/D | | | |
| | ire of armifeer or director | Printed or typed name and title | | | |
| I further agree of my duties, ar document is bei | the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ol- ing filed merely to reflect a change in a s been notified in writing of this chang | itutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the | | | |
| Sig | gnature of Registered Agent | Date | | | |
| If signing on be | chalf of an entity: | | | | |
| Patricio Escobar | | | | | |
| T | ped or Printed Name | | | | |

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

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

| statement of cha | nge is submitted for a corporation | 617.0302, 607.1308, or 617.1308, Florida Statutes, this n organized under the laws of the State of Florida registered agent, or both, in the State of Florida. | | | |
|--|---|---|--|--|--|
| | | , | | | |
| 1. The name of the corporation: DIALUM CORPORATION 2. The principal office address: 12550 Biscayne Blvd Suite 800-37, North Miami FL. 33181 | | | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incorp | poration/qualification: 09/14/2022 | Document number: P22000071782 | | | |
| | d street address of the current regi tment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | | | |
| | 360 Corporate Solutions LLC | | | | |
| | 2600 S Douglas Road PH-8, Coral | | | | |
| 6. The name and (if changed): | d street address of the new registe | red agent (if changed) and /or registered office T | | | |
| | 12550 Biscayne Blvd Suite 800-33 | 7, North Miami FL. 33181 | | | |
| | | P O. Box NOT acceptable | | | |
| The street addreas changed will | ess of its registered office and the be identical. | e street address of the business office of its registered agent, | | | |
| Such change was authorized by the | as authorized by resolution duly ne board or the corporation has l | adopted by its board of directors or by an officer so been notified in writing of the change. | | | |
| Signatu | re of an officer or director | Ovidio Fernando Diez Gromoll P/D Printed or typed name and title | | | |
| I hereby accept I further agree of my duties, an document is bei | the appointment as registered a | gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the | | | |
| Sig | nature of Registered Agent | Date | | | |
| If signing on be | half of an entity: | | | | |
| Patricio Escobar | | | | | |
| T. | yped or Printed Name | - | | | |

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