

P93000085199

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(City/State/Zip/Phone #)

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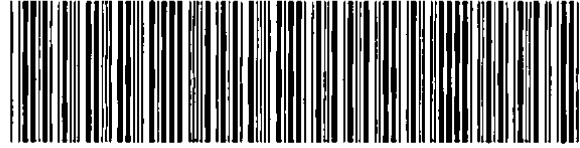
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**DATE: 12/11/2024**

**NAME: ARCOR U.S.A. INC.**

**TYPE OF FILING: CHANGE OF RA**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ARCOR U.S.A. INC.  
Name of Corporation

DOCUMENT NUMBER: P93000085199

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Sanchez, Esq.

Name of Contact Person

PAG.law PLLC

Firm/Company

Four Seasons Tower 1441 Brickell Avenue Suite 1120

Address

Miami, FL 33131

City/State and Zip Code

victoria@pag.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Zagami

Name of Contact Person

at ( 508 )

904-6696

Area Code & Daytime Telephone Number

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TALLAHASSEE, FL

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: ARCOR U.S.A. INC.
2. The principal office address: 6205 BLUE LAGOON DRIVE, SUITE 350 MIAMI, FL 33126
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/14/1993 Document number: P93000085199
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)

ROBERT W. STEWART, P.A.

18001 OLD CUTLER ROAD, SUITE 600

MIAMI, FL 33157

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

*Andres Alarcon*

Signature of an officer or director

Andres Alarcon

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.*

*Stephen Zagami*

Signature of Registered Agent

9/25/2024

Date

If signing on behalf of an entity:

Stephen Zagami, as Asst. Secretary

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

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