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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FLORIDA TRADE CONSOLIDATORS INC

Name of Corporation

DOCUMENT NUMBER: P95000066893

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:

SAMIR ASAAD

Name of Contact Person

FLORIDA TRADE CONSOLIDATORS INC

Firm/Company

1400 NW 96 AVE STE 202

Address

DORAL, FL 33172

City/State and Zip Code

accounting3@floridatradeco.com

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

For further information concerning this matter, please call:

SAMIR ASAAD

,786 (2

Name of Contact Person

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617, statement of change is submitted for a corporation of	
in order to change its registered office or re	gistered agent, or both, in the State of Florida.
1. The name of the corporation: FLORIDA TRA	DE CONSOLIDATORS INC
2. The principal office address: 1400 NW 96 A	VE STE 202, DORAL, FL 33172
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/28/199	Document number: P95000066893
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	
1400 NW 96 AVE STE 20	02 , DORAL, FL 33172
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office
13250 NW 25TH STREE	T, STE 202, MIAMI, FL
33182	-; <u>목</u> 요 -;
P.O. Box	NOT acceptable
	roct address of the business office of its registered agent.
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so
Signature of an obseer or director	SAMIR ASAAD Printed or typed name and title
I hereby accept the appointment as registered aged Further/agree to comply with the provisions of all, performance of my duties, and I am familiar with a agent. Or if this document is being filed merely to hereby confirm that the corporation has been hotifi	f and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered ireflect a change in the registered office address, I ed in writing of this change.
Signature of Registered Agent	AUGUST 15, 2019
If signing on behalf of an entity:	Date
FLORIDA TRADE CONSOLIDATORS INC	
Typed or Printed Name	

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

MAKE CHECKS DAYABLE TO FLODINA DEPARTMENT OF STATE