(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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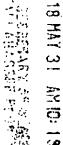
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FILED

## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: Superblock Concrete Corporation Name of Corporation P96000013191 DOCUMENT NUMBER: 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: Julio Suarez Name of Contact Person Superblock Concrete Corporation Firm/Company 4300 SW 74th AVE Address Miami, FL 33155 City/State and Zip Code jsuarez@supermix.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 265-4465 x114
Area Code & Daytime Telephone Number Julio Suarez Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section

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

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statut nge is submitted for a corporation organized under the laws of the State of Floric r to change its registered office or registered agent, or both, in the State of Floric	da	<i>S</i>	
1. The name of the	he corporation: Superblock Concrete Corporation			
2. The principal of	office address: 4300 SW 74th AVE, Miami, FL 33155			
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 02/12/1996 Document number: P960000	1319	1	
	street address of the current registered agent and registered office on file with th tment of State: (If resigned, enter resigned)	e		
	Frank Socarras			
•	250 Catalonia Ave, Suite 504		8	
•	Coral Gables, FL 33134		MAY 31	T)
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	<b>新教教</b>	- AH IO:	LED
-	Socarras & Associates	1	-	
	9769 South Dixie Hwy, Suite 101	••		
_	Pinecrest, FL 33156			
The street address as changed will be	ss of its registered office and the street address of the business office of its regi be identical.	istered	ageni	I.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an office e board, or the corporation has been notified in writing of the change.	er so		
Bernardo Dias, President  Signature of an officer of director  Printed or typed name and title				
, Thereby accept t I further agree to performance of t agent. Or, if this	the appointment as registered agent and agree to act in this capacity. The complete of complete to complete to the proper and complete to the proper and complete my duties, and I am familiar with and accept the obligation of my position as resident is being filed merely to reflect a change in the registered office additional the corporation has been notified in writing of this change.	egistet	red I	
Socouch	May 10, 2018			
H signing on beh	ature of Registered Agent Date			
Frank Socar				
	ped or Printed Name			

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