

P99000032757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

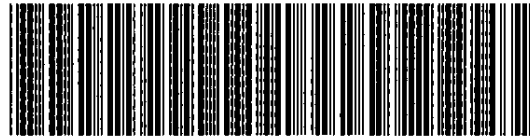
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 23 PM 3:54

P.A. Charge
C.COULLIETTE

SEP 23 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Groupmab Corporation
Name of Corporation

DOCUMENT NUMBER: P99000032757

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:

Mauricio Bendeck
Name of Contact Person

Groupmab Corporation
Firm/Company

P.O. 565531
Address

Miami FL 33256-5531
City/State and Zip Code

mauriceab@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mauricio Bendeck at (305) 459 3075
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, 617.0502, 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: Groupmab Corporation
2. The principal office address: P O BOX 565531 Miami FL 33256-5531
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/9/1999 Document number: P99000032757
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)

Jorge Cervantes

165 E FLAGLER ST STE 1534 MIAMI-DADE FL 33131

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

Mauricio Bendeck

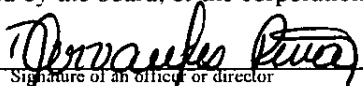
10240 SW 127 ST

P.O. Box NOT acceptable

Miami, FL 33176-4855


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.


Signature of an officer or director

Jorge Cervantes, VP
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.


Signature of Registered Agent

9/1/2020
Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

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DIVISION OF CORPORATIONS
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