P99 0000 47570

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700367425297

06/08/21--01038--019 **35.00

2021 JUN -8 AM 2: 40
SECRETARY OF STATE

4/18/2 88

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CELLPAC CORP. Name of Corporation	
DOCUMENT NUMBER: P99000047570	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	! 2*
Please return all correspondence concerning this matter to the following:	
EDUARDO GONZALEZ	
Name of Contact Person	
FLORIDA CORPORATE REGISTERED AGENTS, LLC.	
Firm/Company	
8323 NW 12 STREET, SUITE 102	
Address	
DORAL, FL 33126	
City/State and Zip Code	
E.GONZALEZ@GRC-CPA.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
EDUARDO GONZALEZ at (305)477-6969 Name of Contact Person Area Code & Daytime Telephor	
Name of Contact Person Area Code & Daytime Telephor	e 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitte	ed for a corporation organ	12, 607,1508, or 617,1508, Florida S nized under the laws of the State of <u>t</u> ered agent, or both, in the State of F	FLORIDA		
1. The name of	the corporation:	CELLPAC CORP.				
2. The principal	office address:	3600 NW 114TH AVENU	UE, SUITE # B			_
		DORAL, FL 33178				_
4. Date of incorp	poration/qualifi	cation: 05/21/1999	Document number: P9900004	7570		_
		of the current registered a (If resigned, enter resigned	igent and registered office on file will ed)	th the		
	ROBLEDO, A	NTHONY		. v	~	
	8180 NW 36 S	STREET, SUITE # 100		ECRE TALL	1021 JUN -8	Œ
	MIAMI, FL 33	166		AH.	Z	
6. The name and (if changed):	d street address	of the new registered age	nt (if changed) and /or registered off	Y OF ST	A	
	FLORIDA CO	RPORATE REGISTERED	AGENTS, LLC.	ATE.	2: 40	
	8323 NW 12 S	TREET, SUITE 102		_		
	DORAL, FL.		x NOT acceptable	-		
The street addre	ess of its registe be identical.	ered office and the street	address of the business office of its	s registere	d agent	
Such change was	as authorized by	y resolution duly adopted corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so		
6			EDUARDO GONZALEZ MEM			
Aignan	re of an officer or di	rector	Printed or typed name and tit	Ie		
l jurther agree i of my duties, an document is bei	to comply with nd I am familian ng filed merely	the provisions of all stat	nd agree to act in this capacity, utes relative to the proper and comingation of my position as registered eregistered office address. I hereb	plete perf Lagent. C y confirm	formanc Or, if thi that th	:e is e
			MAY 26, 2021			
The state of the s	nature of Registered	Agent	Date			
If signing on be	half of an entit	y:				
EDUARDO GOI	NZALEZ					
T	yped or Printed Nam	10				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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