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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Produto International, Inc.

Name of Corporation

DOCUMENT NUMBER: 58°

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:

Rubens Onofrio Jr.

Name of Contact Person

Produto International, Inc.

Firm/Company

1018 Araminta Street

Address

Winter Garden, FL 34787

City/State and Zip Code

rubensonofrio@gmail.com

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

For further information concerning this matter, please call:

Rubens Onofrio Jr.

_,305 \297-233

¥

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

statement of ch	provisions of sections 607.0502, 617 ange is submitted for a corporation o	rganized under the laws of th	e State of Florida
	er to change its registered office or re Produte Intern		? State of Florida.
 The name of The principa 	the corporation: Produto Interroll office address: 1018 Araminta	a Street, Winter Gard	en, FL 34787
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 09/17/19	91 Document number	S81247
	d street address of the current register rtment of State: (If resigned, enter res	Ţ Ţ	e on file with the
	Rubens Onofrio Jr.		
	1018 Araminta Street		
	Winter Garden, FL 34787	7	
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or reg	
	Rubens Onofrio Jr.		YAY WAY
	900 Hire Circle		2 PR
	Ocoee, FL 34761	NOT acceptable	
The street addr	ess of its registered office and the stable identical.	reet address of the business of	office of its registered agent,
Such change wauthorized by t	as authorized by resolution duly ado board, or the corporation has been	pted by its board of directors a notified in writing of the cl	or by an officer so lange.
Signatu	re of an officer or director	Kybans Printed or typed	Duptois.
I further agree performance of agent. Or, if th	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is tocument is being filed merely to may the corporation has been notifi	statutes relative to the prope nd accept the obligation of m reflect a change in the regis.	r and complete
	bey by	5-10.	16
If signing on be	chalf of an entity:	Dat	·

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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