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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Supermix Properties Inc | | | | |
| Name of Corporation V11824 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 | | | | |
| Supermix Properties Inc | | | | |
| 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: | | | | |
| Julio Suarez Name of Contact Person at (305) 265-4465 x114 Area Code & Daytime Telephone Number | | | | |
| 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 Street Address: Amendment Section | | | | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | | |
| Tallahassee, FL 32314 Chilon Building 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

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

. .. •

| statement of cha | provisions of sections 607,0502, 617,0502, 607,150 ange is submitted for a corporation organized under er to change its registered office or registered agent. | the laws of the State of Florida | _ | |
|---|--|--|-------------|----|
| 1. The name of | the corporation: Supermix Properties, Inc. | , | | |
| 2. The principal | office address: 4300 SW 74th AVE, Mian | mi, FL 33155 | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorp | poration/qualification: 02/03/1992 Doct | ument number: V11824 | | |
| | d street address of the current registered agent and re rtment of State: (If resigned, enter resigned) | gistered office on file with the | | |
| | Frank Socarras | | | |
| | | | | |
| | Coral Gables, FL 33134 | | 그 교 또 | |
| 6. The name and (if changed): | d street address of the new registered agent (if chang | ed) and /or registered office المؤرث - المؤرث - المؤرث | MAY 2. | T] |
| | Socarras & Associates | - 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (| | |
| | 9769 South Dixie Hwy, Suite 101 | | 5 | |
| | P.O. Box NOT acceptable Pinecrest, FL 33156 | <u></u> | | |
| The street addreas changed will | ess of its registered office and the street address of lbe identical. | the business office of its registered a | gent, | |
| / 1 | as authorized by resolution duly adopted by its boa he board, or the corporation has been notified in wr | rd of directors or by an officer so riting of the change. | | |
| Su | eachtan Berna | Bernardo Dias, President | | |
| I further agree i performance of agent. Or, if th | t the appointment as registered agent and agree to to comply with the provisions of all statutes relative f my duties, and I am familiar with and accept the o uis document is being filed merely to reflect a chang that the corporation has been notified in writing o | ve to the proper and complete obligation of my position as registered we in the registered office address, I | đ | |
| Sexue | May 1 | 10, 2018 | | |
| · | nature of Registered Agent | Date | | |
| | chalf of an entity: | | | |
| Frank Soca | Syped or Printed Name | | | |

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 * * *