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Requester's Name ē	
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NO Return	Office Use Only
ORPORATION NAME(S) & DOCUMEN	
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☐ Mail out ☐ Will wait ☐	Photocopy
	AMENDMENTS

- Limited Liability
- Domestication Other

OTHER FILINGS

Annual Report
Fictitious Name

- Change of Registered Agent
- Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership Reinstatement
- Trademark

Other

Examiner's Initials

11-30-2000

CR2E031(7/97)

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

Pursuant to the provisions of sections 607.0502, 417.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of Florida rubmits the following statement in order to change its registered office or registered agent, or both, in the State
of Florida. I. The name of the corporation: New Florida International Corporation
The mailing address of the corporation: 4775 Collins Avenue, Miami Beach, Florida 33140
B. Date of incorporation/qualification: 04/28/1992 Document number: V31785
. The name and address of the Current registered agent and office: Schwartz, Gerald K.
1688 Meridian Ave., Suite 610
Miami Beach, Florida 33139
The name and address of the new registered agent (if changed) and/or registered office (if changed): INC. (P. 0. Box Not Acceptable) SKRLD c/o Helio De La Torre, Esq.
201 Alhambra Circle, Suite 1102
Coral Gables, Florida 33134
The street address of its registered office and the street address of the business office of its registered agent, s changed, will be identical.
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.
(Date) (Signature of an officer, chairman or vice chairman of the board) (Date) (Printed or typed name and title)
Taving been named as registered agent and to accept service of process for tile above stated corporation, I hereby ccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligation of my position of registered agent.
(Signature of Registered Agent) (Date)
signing on behalf of an entity: Le c 10 De la Torre Pres.
(Typed or Printed Name) (Capacity)

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

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