

LM000048663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

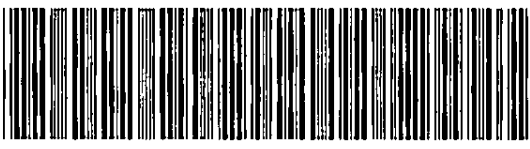
(Business Entity Name)

(Document Number)

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17 DEC -6 AM 1:45
TALLAHASSEE COUNTY
FLORIDA

J. LEGGETT
DEC 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 DEC -6 PM 1:55
TALLAHASSEE, FLORIDA

November 22, 2017

ADRIAN ACOSTA, ESQ
2930 NW 7TH AVE 2ND FL
MIAMI, FL 33127 US

SUBJECT: ADRIAN ACOSTA PLLC
Ref. Number: L17000048663

We have received your document for ADRIAN ACOSTA PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 517A00023745

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adrian Acosta PLLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent, Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrian Acosta, Esq
Name of Person

Adrian Acosta PLLC
Firm Company

2930 NW 7th Ave, 2nd Floor
Address

Miami FL 33127
City State and Zip Code

adrianacostalaw@gmail.com
E-mail address to be used for future annual report notification

For further information concerning this matter, please call:

Adrian Acosta 305 982-7886
Name of Person at Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the under signed limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. Name of the limited liability company: Adrian Acosta PLLC

2. (a) Adrian Acosta Esq Principal office address of limited liability company: 2930 NW 7th Ave, 2nd Floor, Miami FL 33127
(Note: MUST BE STREET ADDRESS)

(b) Adrian Acosta Esq Mailing address of limited liability company: 2930 NW 7th Ave, 2nd Floor, Miami FL 33127
(Note: MAY BE POST OFFICE BOX)

3. 3/6/2017 Date of filing registration in Florida

4. L17000048663 Document number

5. (a) Adrian Acosta Esq Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Adrian Acosta Esq Registered Office Address: 3801 S. Le Jeune Rd FL 33146
(MUST BE FLORIDA STREET ADDRESS)

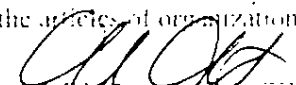
Miami FL 33146

FILED
 17 DEC -6 AM 1:45
 TALLAHASSEE, FLORIDA

(b) Adrian Acosta Esq Enter name of NEW Registered Agent and/or NEW Registered Office address

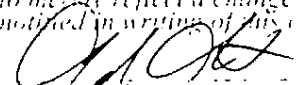
Adrian Acosta Esq NEW Registered Office Address
2930 NW 7th Ave, 2nd Floor
Miami FL 33127

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member

Adrian Acosta Esq Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent