

P02000086096

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6388

From: Account Name : MARIA F DIAZ CPA LLC  
Account Number : I2014000050  
Phone : (954)499-2829  
Fax Number : (786)3619915

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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REGISTERED AGENT CHANGE  
P.G. SONIC VOICE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

5 PM 12:09

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: P. G. SONIC VOICE CORPORATION

2. The principal office address: 12741 MIRAMAR PKWY 205, MIRAMAR, FL 33027

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/08/2002 Document number: P02000086096

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

R & P Accounting and Taxes, INC

150 SE 2nd Ave, Suite 404, Miami Fl 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARIA F DIAZ CPA, LLC

12741 MIRAMAR PKWY, 2ND FLOOR SUITE 205, MIRAMAR FL 33027

P.O. Box NOT acceptable

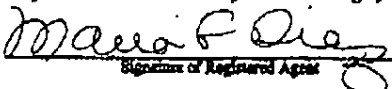
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of authorized officer or director

GAZZOTTI, PABLO PVST  
\_\_\_\_\_  
Printed or Typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

07/06/2021  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

MARIA F DIAZ CPA  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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