## D5000165746

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R-A Charge

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**EXAMINER** 

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	BRIAN BARAI	KAT, P.A.	
	Name of Co	orporation	
DOCUMENT NUMBER	:P050	00165746	
The enclosed Statement of	Change of Registered Office	Agent and fee are submitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	BRIAN BA Name of Con	ABAKAT	
	Name of Con	tact Person	
	DDIAN DAD	ALCAT DA	
BRIAN BARAKAT, P.A. Firm/Company			
2701 PONCE DE LEON BLVD. SUITE 202 Address			
	Addr	ess	
CORAL GABLES, FL. 33134  City/State and Zip Code			
BRIAN@TRIALLAWMIAMI.COM E-mail address: (to be used for future annual report notification)			
	(10 00 000 101 10		
For further information co	ncerning this matter, please ca	all:	
BRIAN BARAKAT at (305) 444-3114  Name of Contact Person Area Code & Daytime Telephone Num			
Enclosed is a \$35.00 check	made payable to the Departr	ment of State.	
M	ailing Address:	Street Address:	
Ä	mendment Section	Amendment Section	
	ivision of Corporations	Division of Corporations	
P.	O. Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## 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: BRIAN BARAKAT, P.A.
2. The principal office address: 2701 PONCE DE LEON BLVD, SUITE 202
CORAL GABLES, FLORIDA 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/22/2005 Document number: P05000165746
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)
BARAKAT, BRIAN
169 EAST FLAGLER STREET, SUITE 1640
MIAMI, FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BARAKAT, BRIAN
2701 PONCE DE LEON BLVD, SUITE 202 P.O. Box NOT acceptable  CORAL GABLES, FL 33134
CORAL GABLES, FL 33134
The street address of its registered office and the street address of the business office of its registered are as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.
Signaldre oran officer or director Brinted 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.
3/10/11
Signature of Registered Agent Date
If signing on behalf of an entity:
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