## P12000098905

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: ARIEL Jose Ruiz P. a  Name of Corporation			
DOCUMENT NUMBER: P12000098905			
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:			
ARiel JOSE Ruiz			
Name of Contact Person			
ARIEL JOSE RUIZ P. A Firm/Company			
6026 SW 191 AVE Address			
FORT Conderdale, FL 33332 City/State and Zin Code			
3.5,7.5.11.5 11.15 21.15			
ARIEL RUIZI Egmail. Com  E-mail address: (to be used for future annual report notification)			
,			
For further information concerning this matter, please call:			
ARIC RUIZ at (954) 5595412  Name of Contact Person 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** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)



December 10, 2013

ARIEL RUIZ ARIEL JOSE RUIZ, PA 6026 SW 191 AVE FORT LAUDERDALE, FL 33332

SUBJECT: ARIEL JOSE RUIZ, PA Ref. Number: P12000098905

We have received your document for ARIEL JOSE RUIZ, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 913A00028006

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PERSON PERSONS AND SERVICES AND SERVIC

## 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.
1. The name of the corporation: ARIEI JOSE RUIE PA
2. The principal office address: 6026 SW 191AVE
FORT Londerdale, FC 33332
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/4/2012Document number: P12000098905
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)
Corporation Service Company
1201 HAYS STREET
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ARIEL Jose Ruiz
6026 SW 191 AVE P.O. Box NOT acceptable
FORT Lauderdale, FC 33332
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.
ARIEI RUIZ TITLE D 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 Date
If signing on behalf of an entity:  ARIEL JOSE RUIZ  Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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