

P15 0000 63288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

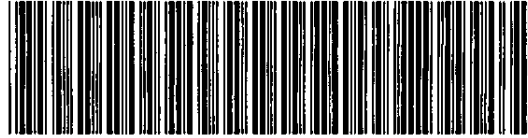
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800279704768

12/10/15--01021--018 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 10 PM 4:36

FILED

DEC 14 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marcela Echeverry DMD P.A.
Name of Corporation

DOCUMENT NUMBER: P 15000063288

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:

Marcela Echeverry
Name of Contact Person

Firm/Company

20741 NE 4th CT #205
Address

Miam FL 33179
City/State and Zip Code

Mel1279@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcela Echeverry at (786) 955 5581
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Marcela Echeverry DMD P.A.
- 2. The principal office address: 20741 NE 4th CT #205
Miami FL 33179
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: July 27, 2015 Document number: P15000063288

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)

Marcela Echeverry MRS.
2935 NE 163 Street 3E
Miam FL 33160

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

Marcela Echeverry MRS.
20741 NE 4th CT #205
P.O. Box NOT acceptable
Miami FL 33179

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 10 PM 4: 36

FILED

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.

Marcela Echeverry
Signature of an officer or director

MARCELA ECHEVERRY. PRESIDENT.
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.

Marcela Echeverry
Signature of Registered Agent

12/07/15
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