

P980000 TR34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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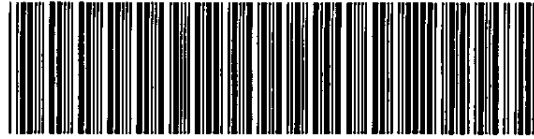
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

FILED
07 APR 12 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2007

LETICIA H. BORBOLLA
BORBOLLA INSURANCE AGENCIES
320 SEVILLA AVENUE #202
CORAL GABLES, FL 33134

SUBJECT: BORBOLLA INSURANCE AGENCIES, INC.
Ref. Number: P98000077841

We have received your document for BORBOLLA INSURANCE AGENCIES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This document was previously filed on March 30, 2007.

A refund in the amount of \$35.00 will be issued. Please allow at least 60 to 90 days for the refund to be processed.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 607A00022135

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Borbolla & Associates INC
(Name of Corporation)

DOCUMENT NUMBER: P98000077834

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:

Leticia H. Borbolla
(Name of Contact Person)

Borbolla & Associates Inc
(Firm/Company)

320 Sevilla Avenue #202
(Address)

Coral Gables FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Leticia H. Borbolla at (305) 444 7575
(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

CHANGE OF ADDRESS

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: Borbolla & Associates, Inc.
2. The principal office address: 265 Sevilla Avenue
Coral Gables FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P98000077834

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ignacio Borbolla
265 Sevilla Avenue
Coral Gables FL 33134

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

320 Sevilla Avenue
Suite 202
(P.O. Box NOT acceptable)
Coral Gables FL 33134

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]
(Signature of an officer or director)

Leticia H. Borbolla
(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:

(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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD
Address

new
Address