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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:

Name of Corporation

DOCUMENT NUMBER:

LUDOVICI & LUDOVICI ATTORNEYS AT LAW A PROFESSIONAL ASSOCIATION

Name of Corporation

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:

EDWARD P. LUDOVICI

Name of Contact Person

LUDOVICI & LUDOVICI, PA

Firm/Company

9000 SW 152 STREET, SUITE 106

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

alex@ludovici-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD P. LUDOVICI .30

<sub>at (</sub> 305 <sub>)</sub> 235-8720

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	nized under the laws of the State of	FLORIDA	
	r to change its registered office or regist	·		
1. The name of	the corporation: LUDOVICI & LUDOVICI	ATTORNEYS AT LAW A PROFES	SSIONAL ASSOCIATION	
	office address: 9000 SW 152 STF TO BAY, FL 33157	REET, SUITE 106		
3. The mailing a	address (if different): SAME			
4. Date of incor	poration/qualification: 08/20/1973	Document number: 6046	02	
	d street address of the current registered attract of State: (If resigned, enter resign		with the	
	EDWARD P. LUDOVICI		_	
	17415 SOUTH DIXIE HIGHWAY			
	PALMETTO BAY, FL 33157	,	_	
6. The name and street address of the new registered agent (if changed) and /or registered of tice (if changed):				
	SAME		- <b>E</b>	
	9000 SW 152 STREET, SUI		_ 🛈	
	P.O. Box NOT PALMETTO BAY, FL 33157	· · · · · · · · · · · · · · · · · · ·	150	
		The state of the s	_ - ව	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of i	its registered agent,	
Such change wa authorized by the	as authorized by resolution duly adopted ne board, of the corporation has been no	d by its board of directors or by an otified in writing of the change.	n officer so	
Muu	re of an officer of director	EDWARD P. LUDOVICI,		
I hereby accept I further agree performance of agent. Or is th hereby confirm	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refund the corporation has been notified in	ed agree to get in this agreeits		
Mus	nature of Registered Agent	10/20/16		
_	half of an entity:			
	P. LUDOVICI			
T	yped 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 \* \* \*