

(Re	questor's Name)			
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(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(50	iomeso Emily Ham	,		
(00	ocument Number)			
(LX	ocument Namber)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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FILED
2019 NOV 22 PH 4: 27
SECRETARY OF STATE

ROCHS

DEC 2.5 2019
I ALBRITTON

COVER LETTER

Division of Corporations				
SUBJECT: Baur & Klein P.A.				
Name of Corporation	on			
DOCUMENT NUMBER:695411				
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:			
Christopher J. Klein				
Name of Contact Per	rson			
Baur & Klein P.A.				
Firm/Company				
1001 Brickell Bay Drive, Suite 1200				
Address				
Miami, FL 33131				
City/State and Zip C	ode			
cklein@worldwidelaw.	com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christopher Klein	305 377 3561			
• all	rea Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of	f State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Tallahassee, FL 32314

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of se statement of change is submitte in order to change its i	ed for a corporation or		State of Florida
1. The name of the corporation:	Baur & Klein I	P.A.	
2. The principal office address: 1001 Brickell Bay Drive, Suite 1200			
	Miami, FL 33	131	
3. The mailing address (if different controls of the different control of the differe	rent):		
4. Date of incorporation/qualifi	07/21/198	Document number:	695411
5. The name and street address Florida Department of State:	_	-	on file with the
Registerze	entrale LLC		
100 N Bis	cayne Blvd, Sui	ite 2100	
Miami, FL	. 33132		SECULE NO TI
6. The name and street address (if changed):	of the new registered	agent (if changed) and /or regi	SS 22
Registerze	entrale LLC		
1001 Brick	kell Bay Drive, \$		PH 4: 27
Miami, FL		NOT acceptable	———
The street address of its registe as changed will be identical.	ered office and the str	reet address of the business of	ffice of its registered agent.
Such change was authorized by authorized by the board, or the	y resolution duly adop e corporation has beer	pted by its board of directors notified in writing of the cha	or by an officer so ange.
		Christopher J. Kl	
Signature of In officer or di I hereby accept the appointme I further agree to comply with performance of my duties, and agent. Or, if this document is hereby confirm that the corpor	ent as registered agent the provisions of all s I I am familiar with ar being filed merely to ration has been notific	t and agree to act in this cape statutes relative to the proper and accept the obligation of m	acity. • and complete y position as registered ered office address, I
If signing on behalf of an entite Chrisholy J. Kleik Typed or Printed Nan			

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