K58055

(F	Requestor's Name)		
(1	Address)		
(/	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(I	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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A. Butter

COVER LETTER

Amendment Section

TO:

Division of Corporations		
SUBJECT: Damaso W. Saavedra, P.A Name of Corporation		
Name of Corporation		
DOCUMENT NUMBER: K58055		
The enclosed Statement of Change of Registered Offi	ce/Agent and fe	e are submitted for filing.
Please return all correspondence concerning this matt	er to the followi	ng;
Deanna Pazo		
Name of Contact Person		
Saavedra-Goodwin		
Firm/Company		
888 SE 3rd Avenue, Suite 500		
Address		
Fort Lauderdale, Florida 33316		
City/State and Zip Code		
dpazo@saavlaw.com		
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:	
Deanna Pazo	at (954	767-6333
Name of Contact Person	Area Co	ode & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corpor	22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida te or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Damaso W. S	iavedra, P.A.		
2. The principal office address: 888 SE 3rd Avenue, Suite 500 Fort Lauderdale, Florida 33316				
3. The mailing a	address (if different): 888 SE 3	rd Avenue, Suite 500 Fort Lauderdale, Florida 33316		
4. Date of incor	poration/qualification:	Document number: K58055		
5. The name and		registered agent and registered office on file with the		
	SAAVEDRA, DAMASO W.	:SQ		
	312 SE 17th St. Second Floor	Fort Lauderdale, Florida 33316		
6. The name and (if changed):	d street address of the new reg Saavedra, Damaso W, ESQ	Fort Lauderdale, Florida 33316 Region L		
	888 SE 3rd Avenue, Suite 500	Fort Lauderdale, Florida 33316		
		P.O. Box NOT acceptable		
The street addras changed will	ess of its registered office and be identical.	the street address of the business office of its registered agen		
	HANN	ally adopted by its board of directors or by an officer so has been notified in writing of the change. DemoN Stavedra - Fresiden Printed or typed name and title		
I hayabu gagan	the of an officer of director the appointment as registere to comply with the provision ye I an lamiliar with and acc ing filetymerely to reflect a c streen tatified in writing of t	d agent and agree to act in this capacity. s of all statutes relative to the proper and complete performan ept the obligation of my position as registered agent. Or, if th lange in the registered office address, I hereby confirm that th his change.		
Sig	gnature of Registered Agent	8 (a 2 i		
	Dantas Same	1		

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