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DOCUMENT # L0000002221  1. Entity Name STEWART, ALFONSO & OHALL, P.L.			·			0	F][ JAN 29			
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,	ce of Business	Mailing Address				SE	CRETAR	Y DE (	STATE	
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2. Principal Place of Business 3. M		3. Mailing Address	failing Address					0\$141 <b>6</b> 0111 <b>9</b>	}!!! <b>=</b> !! <b>=</b> !• !! <b>!</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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City & Stat	e	City & State			4. FE	Number	1501		Ap	plied For
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Zíp	Country	Zip	Coun	uy	<b>5.</b> Co	ertificate of Status	Desired		55.00 Add ee Required	
-	6. Name and Address of Curre	ent Registered Agent		Name	7. Na	ime and Addres	s of New Regi	stered A	gent	
AL FONO	A CUTETTE M ECO									
	o, suzette m esq Ith Brevard			Street A	Address (P.O. Bo	x Number is Not	Acceptable)			
TAMPA F		•								
********				City		•		FL	Zip Code	e
8 The above	named entity submits this statemen	nt for the purpose of changing	its registere	ed office o	r registered age	nt. or both, in the	State of Florida			
O. The above		in for the purpose of onlinging	no regionar			.,,		<del></del>		
SIGNATURE	Signature, typed or printed name of registered ag	sent and title if applicable (A	NOTE: Begistere	Agent signa	ture required when rein	stating)		DATE		
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11.   hereby	certify that the information supplied v	with this filing does not qualify	for the exe	mption sta	ted in Section 1	9.07(3)(i), Florida	Statutes. I fu	ther certif	ry that the in	nformation
indicated	on this report is true and accurate a bility company or the receiver or trus	and that my signature shall has	ve the same	legal effe	ict as i≨made un	der oath: that La	m a managing	member	or manager	r of the