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COVER LETTER

TO: Ar Di	mendment Section ivision of Corporations	
SUBJECT	r: Susan D. Pesel, P.A. Name of Corporation	
DOCUME	ENT NUMBER: P 000 000 785 93	
The enclos	sed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please retu	urn all correspondence concerning this matter to the following:	
	Susan Pesel Name of Contact Person	
	Susan D. Pesel Firm/Company	
	1825 NW Corporate Blud # 110	
fo '	Boca Raton FL 33431 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further	r information concerning this matter, please call:	
	Name of Contact Person at (561) 620 - 7155 Area Code & Daytime Telephone Number	
Enclosed i	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

Pursuant to the p statement of char	•						dal
	rge is suomitieu j rto change its res	_	_	_	_	•	$a\omega$
1. The name of the							
2. The principal of	office address:	1825 N	W Corpor	rate Bl	vd #11	0	
		Poca	Raton	FL	334	131	
3. The mailing ac	ddress (if differer	nt):	 				
4. Date of incorp	oration/qualifica	tion: <u>8/14/</u> .	2000 Do	cument numb	er: P00	0000 7	<u>8593</u>
5. The name and Florida Depart	tment of State: (I:		resigned)	registered off	ice on file wi	th the	
		10283 St 1000 Rat		d 7 Sc	uite 300	3 55	
6. The name and (if changed):	street address of	the new register	ed agent (if char			1 60	المعشد.
	/8	usan lese 25 NW PO.B	Corporate Box NOT acceptable	2 Blvd. 3343		F STAFF	1
The street addre	•	_				s registered a	igent,
Such change wa authorized by th			dopted by its bo	oard of directo writing of the		officer so	
Signatur I hereby accept is I further agree to performance of it agent. Or, if this hereby confirm	s aocument is be	as registered ag e provisions of a am familiar with ing filed merely	ent and agree to ill statutes relat and accept the to reflect a cha	Printed or ty o act in this c ive to the pro obligation o nge in the res	ped name and talk capacity. oper and com f my position gistered office	e plete as registere	rd
Sign	nature of Rogistered Ag	gent		8/.	22/13 Date		
If signing on beh	•						
Ту	ped or Printed Name						

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