

P00000100641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

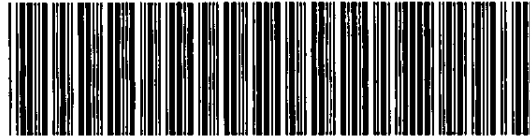
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/09/15--01022--006 **10.00

11/16/15--01034--022 **25.00

4 P.M.
SECTION 17
DIVISION OF CORPORATIONS
15 DEC -7 PM 3:47

DEC 10 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2015

ALBERT BORDAS / ALBERT BORDAS, PA
5975 SUNSET DRIVE SUITE 705
MIAMI, FL 33143 US

SUBJECT: ALBERT BORDAS, P.A.
Ref. Number: P00000100641

We have received your document for ALBERT BORDAS, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 215A00024665

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALBERT BORDAS P.A.
Name of Corporation

DOCUMENT NUMBER: P00000100641

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:

ALBERT BORDAS
Name of Contact Person

ALBERT BORDAS P.A.
Firm/Company

5975 Sunset Drive, Suite 705
Address

Miami, FL 33143
City/State and Zip Code

albert@bordasiplaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Bordas at (305) 669-9848
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

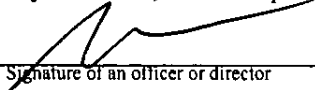
1. The name of the corporation: ALBERT BORDAS, PA
2. The principal office address: 5975 Sunset Drive, Suite 705
Miami, FL 33143
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/25/2000 Document number: P00000100641
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Albert Bordas
5975 Sunset Drive, Suite 607
Miami, FL 33143
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Albert Bordas
5975 Sunset Drive, Suite 705
Miami, FL 33143
P.O. Box NOT acceptable

15 DEC -7 PM 3:47

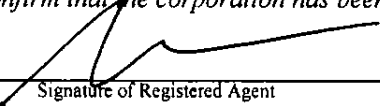
STATE OF FLORIDA
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____ Signature of an officer or director	 _____ Printed or typed name and title
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 _____ Signature of Registered Agent	 _____ Date
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If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)