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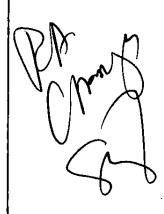
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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: JACKELINE LONDONO, P.A. Name of Corporation						
DOCUMENT NUMBER: P0100007133						
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:						
·						
RAFAEL ALMANZAR Name of Contact Person						
Name or Contact Person						
ALMANZAR ACCOUNTING SERVICES						
Firm/Company						
8580 NW 6TH LANE #104						
Address						
TO SELECT THE CONTROL OF THE SELECT THE SELE						
MIAMI, FL 33126 City/State and Zip Code						
accounting@adaag-consulting.com						
E-mail address: (to be used for future annual report notification)						
· · · · · · · · · · · · · · · · · · ·						
For further information concerning this matter, please call:						
RAFAEL ALMANZAR at (305) 285-7373 Ext. 315						
RAFAEL ALMANZAR at (305) 285-7373 Ext. 315 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 Street Address: Amendment Section						
Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building						

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.v inge is submitted for a corp ir to change its registered o	oration organized	under the laws of the State	of FLORIDA		
1. The name of t	the corporation: JACKE	LINE LOND	ONO, P.A.			
2. The principal	office address: 1385 Col	ral Way PH 40	3			
	Miami, F	L 33145				
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	01/19/2001	Document number:	P01000007133		
	street address of the current timent of State: (If resigned		and régistered office on fil	le with the		
•	1385 Coral Way PH	403		<u> </u>		
	Miami, FL 33145					
6. The name and (if changed):	street address of the new r		changed) and /or registere			
	ALMANZAR ACCOU	INTING SERV	CES	THE TOTAL PROPERTY OF THE PROP		
	8580 NW 6TH LANE			AGE AND A		
	P.O. Box NOT acceptable					
	MIAMI, FL 33126					
The street address as changed will	ss of its registered office a be identical.	and the street addr	ess of the business office	of its registered agent,		
Such change was authorized by th	authorized by resolution e board, or the corporation	duly adopted by n has been notifie	its board of directors or b d in writing of the change	y an officer so		
ynghittur	e of an officer of director	 _	Ricardo Lo Printed or typed name	ndono and title		
I hereby accept if further agree to of my duties, and document is being corporation has	the appointment as registe o comply with the provision of I am familiar with and a ng filed merely to reflect a been nytified in writing o	ered agent and ag ons of all statutes occept the obligati ochange in the reg f this change.	ree to act in this capacity relative to the proper and on of my position as regis gistered office address, I k	complete performance tered agent. Or, if this ereby confirm that the		
Hol		_	05/10/20	11		
00	nature of Registered Agent		Date			
	Cafael Almanzar	*****		·		

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