

P02000006713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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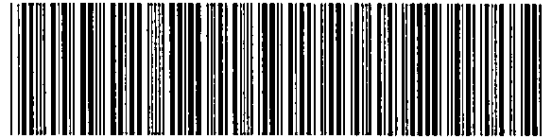
(Business Entity Name)

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C. GOLDEN

SEP 19 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dr. Lorena Lavarne & Associates, P.A.
Name of Corporation

DOCUMENT NUMBER: P02000006773

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:

Dr. Lorena Lavarne

Name of Contact Person

Dr. Lorena Lavarne & Associates, P.A.

Firm/Company

4506 E. Louisiana Avenue

Address

Denver, CO 80246

City/State and Zip Code

ninamagic@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena Lavarne

Name of Contact Person

at (941) 266-9038

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
17 AUG 14 PM 4:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2017

DR. LORENA LAVARNE
4506 E. LOUISIANA AVENUE
DENVER, CO 80246

SUBJECT: DR. LORENA LAVARNE & ASSOCIATES, P.A.
Ref. Number: P02000006773

We have received your document for DR. LORENA LAVARNE & ASSOCIATES, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II

Letter Number: 117A00017188

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: Dr. Lorena Lavarne & Associates, P.A.
2. The principal office address: 4506 E. Louisiana Avenue, Denver, CO 80246
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/22/2002 Document number: P02000006773
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)
Lorena Lavarne
303 Lake Tahoe Court
Englewood, FL 34223

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carrie Landry
1775 9th St
Sarasota FL 34236

P.O. Box NOT acceptable

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]
Signature of an officer or director

Dr. Lorena Lavarne, PSTD

Printed or typed name and title

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]
Signature of Registered Agent
CARRIE LANDRY, REGISTERED AGENT

8/4/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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