

PO2000007260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

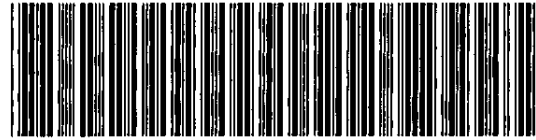
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

15th

Office Use Only



300298219793

05/01/17--01033--022 **35.00

FILED
2017 MAY 15 PM 1:21
TALLAHASSEE, FLORIDA

ROCH

MAY 17 2017

D'CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2017

LILIANA WOLF
515 ALMINAR AVE
CORAL GABLES, FL 33146

SUBJECT: LILIANA WOLF PHD, P.A.
Ref. Number: P02000007260

We have received your document for LILIANA WOLF PHD, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of new registered agent on line #6 of your form. *see attached*

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 317A00008775

RECEIVED
17 MAY 15 AM 9:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Liliana Wolf PHD P.A.
Name of Corporation

DOCUMENT NUMBER: P02000007260

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:

Liliana Wolf
Name of Contact Person

Liliana Wolf PHD, P.A.
Firm/Company

515 Almirante Ave
Address

Coral Gables, FL 33146
City/State and Zip Code

carlwolf48@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliana Wolf at (305) 431-8014
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: Liliana Wolf PHD, P.A.
2. The principal office address: 1450 Madrugá Ave., Suite 306 B
Coral Gables, FL 33146
3. The mailing address (if different): 515 Alminar Ave.
Coral Gables, FL 33146
4. Date of incorporation/qualification: 1/22/2002 Document number: P02000007260
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)

Liliana Wolf
515 Alminar Av
Coral Gables, FL 33146

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

Liliana Wolf
1450 Madrugá Ave., Suite 306 B

P.O. Box NOT acceptable
Coral Gables, FL 33146

FILED
2017 MAY 15 PM 1:21
TALLAHASSEE, FLORIDA

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

Liliana Wolf, Director
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 of Registered Agent

4/28/17
Date

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