

P020000059192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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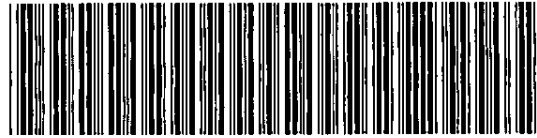
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Barbara J. Riesberg, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P02000059192

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:

Barbara J. Riesberg

Name of Contact Person

Riesberglaw

Firm/Company

2601 South Bayshore Drive, Suite 1100

Address

Miami, Florida 33133

City/State and Zip Code

barbara@riesberglaw.com

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

For further information concerning this matter, please call:

Barbara J. Riesberg at ( 305 ) 371-9617

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

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DIVISION OF CORPORATIONS  
16 FEB 17 2012

**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: Barbara J. Riesberg, P.A.  
2. The principal office address: 2601 South Bayshore Drive, Suite 1100  
Miami, Florida 33133  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: MAY 2002 Document number: P02000059192

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)

Barbara J. Riesberg, P.A.

777 Brickell Avenue, Suite 1210

Miami, Florida 33131

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

Barbara J. Riesberg,

2601 South Bayshore Drive, Suite 1100


P.O. Box NOT acceptable

Miami, Florida 33133

10 FEB 17 2009  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

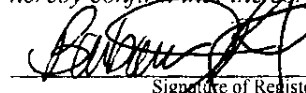
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

BARBARA J. RIESBERG  
\_\_\_\_\_  
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

2-10-16  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

BARBARA J. RIESBERG  
\_\_\_\_\_  
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