Florida Department of State

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(((H10000199162 3)))



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EXAMINER

(H10000199162 3)

COVER LETTER

Division of	Corporations	
SUBJECT:	ARTHUR J. FL	JRIA, P.A
	Name of C	orporation
DOCUMENT NUN	MBER:	000111563
The enclosed Statem	nent of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all con	respondence concerning this matter	to the following:
	•	· -
	Arthur J. F	furia, Esq.
_	Name of Cor	turia, Esq. ntact Person
_		
	Firm/Co	mpany
	424212	B #40==
-	1717 N. Baysh	ore Dr., #4057
	1 50,000	
	Miawi Clas	:da 29499
-	Miami, Flor City/State an	id Zip Code
- -	AFuria@sh	utts.com uture annual report notification)
•	2-man address. (w be used for it	iture atmusi report nourication)
For further informati	ion concerning this matter, please c	all:
	Arthur J. Furia	at (305) 347-7346
	e of Contact Person	at (305) 347-7346 Area Code & Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

(H10000199162 3)

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

statement of c	e provisions of sections 607.0302, 617.0502, 607.1508, or 617.1508, Florid hange is submitted for a corporation organized under the laws of the State of	of Florida			
in ord	der to change its registered office or registered agent, or both, in the State of	of Florida.			
1. The name o	f the corporation: ARTHUR J. FURIA, P.A.				
2. The principa	al office address: 1717 N. Bayshore Dr., Sulte 4057, Miami, Flor	rida 33132			
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: October 15, 2002 Document number:	P02000111	563	_	
5. The name at Florida Dep	nd street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned)	with the			
	GY Corporate Services, Inc.	·			
	One Biscayne Tower Suite 3400				
•	2 S. Biscayne Blvd., Miami, FL 33131		TAL	70	
6. The name ar (if changed)	nd street address of the new registered agent (if changed) and /or registered of:	office	LAHASSER	SEP -	-
	Arthur J. Furia		RY (ထ	ŗ
	1717 N. Bayshore Dr., Suite 4057		700	PH	•
	P.O. Box NOT acceptable		S TATE LORID	ΰ	
	Miami, FL 33132		JE A	9	
The street address changed will	ress of its registered office and the street address of the business office of I be identical.	fits registered:	agent,		
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so			
	Huse Of the Original Arthur J. Furla I Printed or typed name and	Director_			
	if the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and conditions and familiar with and accept the obligation of my opsition as registeding filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.		mance if this at the	٠	
	Shuma Tune 9/3/2010 Shume of Resplicited Agent Date				
If signing on b	chalf of an entity:				
· 	Arthur J. Furia				
7	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 (8/05)