P03000047018

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| (R | equestor's Name) | |
| (A | ddress) | |
| . (A | ddress) | |
| (C | ity/State/Zip/Phone #) | |
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RA address Change

05/11/12--01012--006 **35.00



5/16/12

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ARNOLD L. FIGUEROA, P.A.

Name of Corporation

DOCUMENT NUMBER: P03000047018

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:

ARNOLD L. FIGUEROA

Name of Contact Person

ARNOLD L. FIGUEROA, P.A.

Firm/Company

111 E. MONUMENT AVE. SUITE 312

Address

KISSIMMEE, FL. 34741

City/State and Zip Code

FIGUEROA.LAWOFFICE@GMAIL.COM

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

For further information concerning this matter, please call:

ARNOLD L. FIGUEROA

,407 \350-595

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 statement of change is submitted for a corporation organiin order to change its registered office or register. | zed under the laws of the State of FLORIDA | | |
|--|---|--|--|
| 1. The name of the corporation: ARNOLD L. FIGUE 2. The principal office address: 111 E. MONUMEN | T AVE. SUITE 312 | | |
| KISSIMMEE, FL. 34741 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: 05/10/2004 | Document number: P03000047018 | | |
| 5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned | | | |
| ARNOLD L. FIGUEROA | ARNOLD L. FIGUEROA | | |
| 1222 N. INGRAM ST. | 1222 N. INGRAM ST. | | |
| KISSIMMEE, FL. 34744 | SECOND TO | | |
| 6. The name and street address of the new registered agen (if changed): | t (if changed) and /or registered office | | |
| ARNOLD L. FIGUEROA | - For the | | |
| 111 E. MONUMENT AVE. SUITE 312 | | | |
| P.O. Box NOT a | acceptable | | |
| The street address of its registered office and the street as changed will be identical. | ddress of the business office of its registered agent, | | |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not | by its board of directors or by an officer so ified in writing of the change. | | |
| Signature of an officer or director | ARNOLD L. FIGUEROA, PTSD Printed or typed name and title | | |
| I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and ac agent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in | tes relative to the proper and complete scept the obligation of my position as registered ct a change in the registered office address, I | | |
| | 05/07/2012 | | |
| Signature of Registered Agent | Date | | |
| If signing on behalf of an entity: | | | |
| Typed or Printed Name | | | |

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