P0300078508

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

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R. WHITE

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: AUSTIN + LAURATO PA Name of Corporation |
| DOCUMENT NUMBER: P0300078508 |
| 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: |
| Name of Contact Person |
| Austral + LAURATO, P.A. Firm/Company |
| 1902 W. CASS ST. |
| TAMPA FL 33629 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Day m Albellar at (813) 258-0624 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. | 7 |
|--|------|
| in order to change its registered office or registered agent, or both, in the State of Florida. | |
| 1. The name of the corporation: AUSTIN + LAURATO, P.A. | |
| 2. The principal office address: 1902 W. CASS ST. | |
| 3. The mailing address (if different): | ···· |
| / / | |
| 4. Date of incorporation/qualification: 1/16/2003 Document number: P030007857 | 8 |
| 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) | |
| Cesar Romero | |
| 1902 W. CASS ST ASS 3 | F |
| TAMPA, FL 33629 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | (m |
| DAYLIN Albellar SEE 5 | • |
| 1902 W. CASS ST. | |
| TAMPA, FL 33629 | |
| / / | |
| The street address of its registered office and the street address of the business office of its registered ager as changed will be identical. | ıt, |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change. | |
| Signature of the following signature of the foll | 9 |
| 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 5/13/13 Date | |
| If signing on behalf of an entity: | |
| | |
| Typed or Printed Name | |

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