

P04000016657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

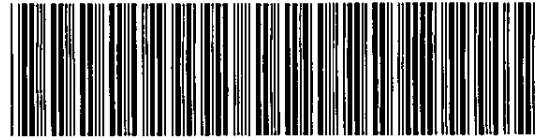
(Business Entity Name)

(Document Number)

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C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2016

MARIA E. CORREDOR / CORREDOR HUSSEINI & SNEDAKER PA  
3905 NW 107 AVE SUITE 502  
DORAL, FL 33178 US

SUBJECT: CORREDOR, HUSSEINI & SNEDAKER, P.A.  
Ref. Number: P04000016657

We have received your document for CORREDOR, HUSSEINI & SNEDAKER, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 516A00024065

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Corredor, Hussein & Snedaker, P.A.  
Name of Corporation

DOCUMENT NUMBER: PO4000016657

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:

Maria E. Corredor  
Name of Contact Person

Corredor, Hussein & Snedaker, P.A.  
Firm/Company

3905 NW 107 Ave., Suite 502  
Address

Doral, FL 33178  
City/State and Zip Code

mcorredor@chslaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria E. Corredor at ( 305 ) 670-1880  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Corredor, Hussein & Snedaker, P.A.
- 2. The principal office address: 3905 NW 107 Ave., Suite 502  
Doral, FL 33178
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: PO4000016657

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)

9130 S. Dadeland Blvd.  
Datran 2, Suite 1902  
Miami, FL 33156

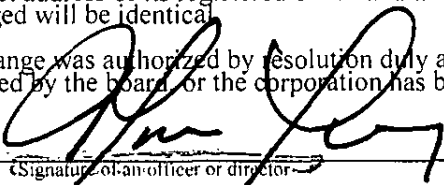
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

3905 NW 107 Ave.  
Suite 502  
P.O. Box NOT acceptable  
Doral, FL 33178

STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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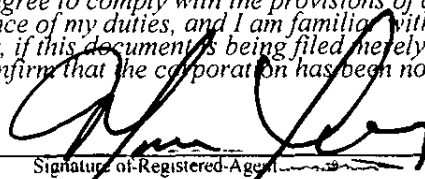
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical

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

MARIA E. CORREDOR  
\_\_\_\_\_  
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

11/14/16  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

MARIA E. CORREDOR  
\_\_\_\_\_  
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