## P04000151798

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only

Rolch8 10, 8.4.07



000106799260

ALL AMERICA & L.

07/30/07--01032--008 \*\*35.00

OT JUL 30 PM 1: 14

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Martin - Heras P.A. (Name of Corporation)
DOCUMENT NUMBER: P04000151798
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:
Alonso Martin (Name of Contact Person)
Martin-Heras, P.A.
3191 Coral Way, Suite 1005
Miami, FL 33145 (City/State and Zip Code)
For further information concerning this matter, please call:
Alonso Martin at (305) 442-2590 (Area Code & Daytime Telephone Number
Englaced is a \$25.00 aheat made mayable to the Department of State

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MArtin-Heras, P.A
2. The principal office address: 3191 Coral Way Suite 1005
Mjami, FL 32145
3. The mailing address (if different):
4. Date of incorporation/qualification: 11 / 05/04 Document number: P04000151798
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Martin, Alonso
4085 SW 157 Terrace 2 3
Miramar, FL 33027
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Martin, Alonso
3191 Coral Way Suite 1005 (P.O. Box NOT acceptable)
Miami, FL 33145
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.
Alon So Martin, President/Owner (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agreelto 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 that fine in writing of this change.
(Signature of Registered Agent)
If signing on behalf of an entity:

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

(Typed or Printed Name)