P04000170177

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Antonio J Grau, CPA PA

Name of Corporation

DOCUMENT NUMBER:

P04000170177

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:

Elizabeth Strong

Name of Contact Person

Grau & Associates CPA

Firm/Company

951 Yamato Road, Suite 280

Address

Boca Raton, FL 33431

City/State and Zip Code

estrong@graucpa.com

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

For further information concerning this matter, please call:

Elizabeth Strong

_561

939-6667

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

statement of ch	ange is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Statute a organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida	<u> </u>
	the corporation: Antonio J Gra		•
2. The principa	Loffice address: 951 Yamato F	Road, Suite 280, Boca Raton FL 33	431
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 01/03/20	Document number: P04000170)177
	d street address of the current regis	stered agent and registered office on file with the resigned)	
	Antonio J Grau, CPA PA	4	
	2700 N. Military Trail, St	uite 350	
	Boca Raton, FL 33431		8
6. The name an (if changed):	d street address of the new register	ed agent (if changed) and /or registered office	新羅斯語 18 JUN 28
	Antonio J Grau, CPA PA	<u> </u>	28
	951 Yamato Road, Suite		DICE GRAT
	Boca Raton, FL 33431	Box NOT acceptable	3: 10
The street addr	ess of its registered office and the libe identical.	street address of the business office of its regis	
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	· so
$-\mathcal{U}$	MA	Antonio J Grau - President	
I hereby accept I further agree performance of	to comply with the provisions of a fmy duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. ill statutes relative to the proper and complete and accept the obligation of my position as rey to reflect a change in the registered office addr ified in writing of this change.	gistered ess. I
[/	nature of Bentered Agent	06/25/2018	
		Date	
It signing on be	chalf of an entity;		
<u></u>	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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