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COVER LETTER

Division of Corporations	
Erica L Franqui, PA	
Name of Co	orporation
P05000036837 DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Erica Franqui	
Name of Con	ntact Person
Erica L Franqui, PA	
Firm/Co	mpany
HSIW. CYPVISS CV Addi HE Lander Jale, For City/State an	ex Rd, Suk 300
Ft. Landerdale, Fa City/State an	1d Zip Code
ericafranquiesq@gmail.com	
E-mail address: (to be used for fu	uture annual report notification)
For further information concerning this matter, please of	call:
Erica Franqui	305 494-8108
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	ement 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

TO:

Amendment Section

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607 ange is submitted for a corporation organized w er to change its registered office or registered a	mder the laws of the State of H	lorida	
1. The name of	the corporation: Erica L. Franqui, PA			
2. The principal	1 office address: KISI W CYPYESS	Creuk Pd Sute:	300	
3. The mailing a	address (if different): same as above	·		
	rporation/qualification: 2/24/2005	Document number: P050000)36837	
5. The name an	nd street address of the current registered agent a artment of State: (If resigned, enter resigned)			
	Erica Franqui			
	1071 NE 204th Terrace			
	North Miami Beach FL 33179			
6. The name an (if changed):	nd street address of the new registered agent (if o	changed) and /or registered offi		
	Corporate Creations Network Inc.		1019 SEP -3	Œ
	11380 Prosperity Farms Road #221E		7 - 3 3 H ∧	
P.O. Box NOT acceptable Palm Beach Gardens, FL 33410		able	PM 4	B Con Con Part
The street addr	ress of its registered office and the street addre	ess of the business office of its	Tr) ::	_
Such change wanted by t	vas authorized by resolution duly adopted by it the bookd, or the corporation has been notified	is board of directors or by an o in writing of the change.	fficer so	
Signa	Every an experience or director	1 Ca Françow Du Printed or typed name that title	cov	
I hereby accep I further agree performance o agent. Or, if it hereby confirm	of the appointment as registered agent and agree to comply with the provisions of all statutes referred that and lam familiar with and acceptains document is being filed merely to reflect and that the corporation has been notified in wri	ee to act in this capacity. relative to the proper and comp t the obligation of my position change in the registered office ting of this change.	olete as registered address, I	
		/27/2019		
	gerature of Registered Agent	Date		
0 -	chalf of an entity:			
Jim Perkins	Typed or Printed Name			

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