

P05000055627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

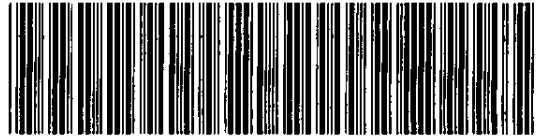
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FILED  
09 NOV -3 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T Roberts NOV 03 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2009

ANYA ELISA MACIAS  
LAW OFFICE OF ANYA ELISA MACIAS  
2881 E. OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306

SUBJECT: LAW OFFICE OF ANYA ELISA MACIAS, P.A.  
Ref. Number: P05000055627

We have received your document for LAW OFFICE OF ANYA ELISA MACIAS, 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 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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 209A00033712

10/27/09 Sorry for the  
oversight. Signed  
Original attached.

*[Signature]*  
RECEIVED  
2009 NOV -3 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Law Office of Anya Elisa Macias, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** FEI/EIN #: 202669243

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:

Anya Elisa Macias  
Name of Contact Person

Law Office of Anya Elisa Macias  
Firm/Company

2881 E. Oakland Park Blvd.  
Address

Ft. Lauderdale, FL 33306  
City/State and Zip Code

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

For further information concerning this matter, please call:

(Same) at 951, 315-1722  
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 FILED  
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.

09 NOV -3 PM 12:54

CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation: Law Office of Anya Elisa Mañas, P.A.  
2. The principal office address: 2881 E. Oakland Park Blvd.  
Ft. Lauderdale, FL 33306  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/14/05 Document number: P05000055627

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)

Anya E. Mañas (no change) (P.A.)  
2758 E. Atlantic Blvd.  
Pompano Beach, FL 33062

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

(same - no change)  
2881 E. Oakland Park Blvd  
Ft. Lauderdale, FL 33306

P.O. Box NOT acceptable

Please note -  
is now the  
mailing  
address &  
RA address

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]  
Signature of an officer or director

President  
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]  
Signature of Registered Agent

10/27/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (8/05)