P05000060179

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600318084336

09/10/18--01012--024 **35.06





COVER LETTER

TO: Amendment Section Division of Corporations	13 S.C.P
SUBJECT: VAULH SOLOMON, F.A.	(A)
DOCUMENT NUMBER: Name of Corporation	
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:	
PAUL Solomon	
Name of Contact Person No. 14. Solomen D.A.	
6770 Congress the PHOS	
BOCA Ra Com FL 33487 City/State and Zip/Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PAU Solomon at 954, 540-6609	
Name of Contact Person Area Code & Daytime Telephone Numb	жr

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

Tallahassec, 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: PAUL M. Solomoro, P.A.
2. The principal office address: 6331 NW 9311 Dave
PARKLATUL FL 33067
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/22/2005 Document number: 105000 60
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)
PAUL H. Solomon
6331 NW 93rd Newe
PACKLAND FL 33067
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6770 CONJECTS AVE. PHXP =
BOCH BATON FI 33487
<u> </u>
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 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 / / Date
If signing on behalf of an entity:
Typed or Printed Name

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