## P0500076204

(1)		
(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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. (Ви	isiness Entity Nam	ne)
(Document Number)		
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SECRETARY OF STATE
ALLAHASSEF F. STATE

RA Charge

C. Coulliette JAN 1 8 2007

## COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ELSA GA	A GNON ADAMS P.A.		
DOCUMENT NUMBER: P 0 5000 76 204			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Elsa GAGNO, (Name of Contact Person)	<u>~</u>		
(Firm/Company)			
764 NE 76 +n Street			
Miami Plonida 33138 (City/State and Zip Code)			
For further information concerning this matter, please call:			
EISG GAGNON (Name of Contact Person)	_ at ( <u>305</u> ) <u>359</u> <u>020</u> <u>7</u> (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status		
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy		
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		

产业

## 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 th	
in order to change its registered office or registered agent, o	or both, in the State of Florida.
1. The name of the corporation: ELSG GAGNON	U ADAMS A.A.
2. The principal office address: $969 N696 L$	o Street
Micmi florida	4 33138
3. The mailing address (if different):	
4. Date of incorporation/qualification: <u>0.5/2.5/01</u> Docum	ment number: <u>P0.50000</u> <b>76 2</b> 0
5. The name and street address of the current registered agent and registered Department of State:	istered office on file with the
Elsa GAGNON A	DAMS
900 west 49th Str	eet # Siy Zo &
Higlesh flowds.	330/2.  AND SECRETARY AND SECR
6. The name and street address of the new registered agent (if changed):	d) and /or registered office
ELSA GAGNON	FLOR
$\frac{364 \text{ NE } 364\text{ SH}}{\text{(P.O. Box NOT acceptable)}}$	eet 58
Micon florida 331	<u> </u>
The street address of its registered office and the street address of its changed will be identical.	
Such change was authorized by resolution duly adopted by its boar authorized by the board, or the corporation has been notified in writering the corporation of the board.	rd of directors or by an officer so iting of the change.
$\varepsilon$	SA GAGNON.
(Signature of an officer or director)  I hereby accept the appointment as registered agent and agree to a I further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of m document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.	(Printed or typed name and title) act in: this capacity. It to the proper and complete performance by position as registered agent. Or, if this by office address, I hereby confirm that the
(Signature of Flexistered Agent)	1112107
If signing on behalf of an entity:	(Date)
it signing on ochait of an entity.	
(Typed or Printed Name)	

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