

PO5000087253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

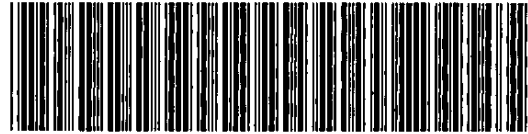
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800078415158

08/08/06--01015--003 **35.00

RA to chg

FILED
06 AUG - 8 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts AUG 17 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ATLANTIC PROFESSIONAL CORP. CORP.

DOCUMENT NUMBER: PO5000087253

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARNALDO HERNANDEZ

(Name of Contact Person)

TAXPLUS & ACCOUNTING, INC

(Firm/ Company)

4445 W. 16 Ave. STE. 202/406

(Address)

MIAMI, FL. 33012

(City/ State and Zip Code)

For further information concerning this matter, please call:

SAME AS ABOVE

(Name of Contact Person)

at (305) 828-7227

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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**

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.

1. The name of the corporation: ATLANTIC PROFESSIONAL CENTER, CORP
2. The principal office address: 711 N.W. 23RD AVE. STE. 205
MIAMI, FL. 33126.
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 6/16/2005 Document number: PO5000087253
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ANTONIO B. ORTIZ
1750 W. 46ST #544
HIALLAH, FL. 33012

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

FERNANDO CALVEIRO
1241 S.W. 134 AVE
(P.O. Box NOT acceptable)
MIAMI, FL. 33184

FILED
06 AUG - 8 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Fernando Calveiro
(Signature of an officer or director)

FERNANDO CALVEIRO
(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.

Fernando Calveiro
(Signature of Registered Agent)

8/01/06
(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)