

PO5 000094750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

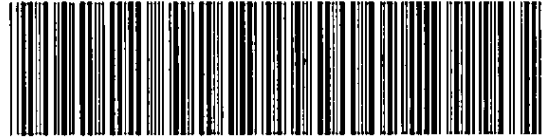
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARIA CRISTINA GONZALEZ, P.A.
Name of Corporation

DOCUMENT NUMBER: P05000094750

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:

MARIA CRISTINA GONZALEZ

Name of Contact Person

MARIA CRISTINA GONZALEZ, P.A.

Firm/Company

8950 SW 74 COURT, SUITE 2201 #A135

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

maria cristina gonzalez pa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Cristina Gonzalez

Name of Contact Person

at (305) 300-6291

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: MARIA CRISTINA GONZALEZ, P.A.
2. The principal office address: 8950 SW 74 COURT, SUITE 2201 #A135, MIAMI, FLORIDA 33156

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/05/2005 Document number: P05000094750

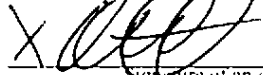
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
GONZALEZ, MARIA CRISTINA
5900 S.W. 73 STREET, SUITE 205
MIAMI, FLORIDA 33143

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GONZALEZ, MARIA CRISTINA
16102 SW 63 TERRACE
MIAMI, FLORIDA 33193
P.O. Box NOT acceptable


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.

X  _____
Signature of an officer or director

MARIA CRISTINA GONZALEZ
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.

X  _____
Signature of Registered Agent

07/26/2021
Date

If signing on behalf of an entity:

Typed or Printed Name

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