

P05000105676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

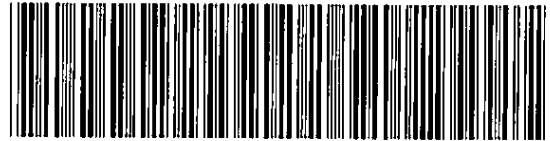
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
NOV 13 2023

Office Use Only



600418153376

10/30/21--01015--013 ★\$95.00

230730 1411:50

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lourdes Marin, P.A. Attorney at Law  
Name of Corporation

**DOCUMENT NUMBER:** P05000105676

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:

Lourdes C. Marin, Esq.

Name of Contact Person

Lourdes Marin, P.A. Attorney at Law

Firm/Company

5245 Nw 36th Street, Suite 205

Address

Miami Springs, FL 33166

City/State and Zip Code

LCM@LCMLEGAL.COM

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

For further information concerning this matter, please call:

Lourdes C. Marin

Name of Contact Person

at ( 305 )

885-4200

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: Lourdes Marin, P.A. Attorney at Law
2. The principal office address: 3750 NW 87th Avenue, 7th Floor, Doral, FL 33178
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/03/2005 Document number: P05000105676
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)

Lourdes Marin, P.A. Attorney at Law

5245 Nw 36th Street, Suite 205

Miami Springs, FL 33166

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

Lourdes Marin

3750 NW 87th Avenue, 7th Floor,

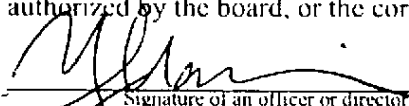
P.O. Box NOT acceptable

Doral, FL 33178

23 OCT 30 10:11:52

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

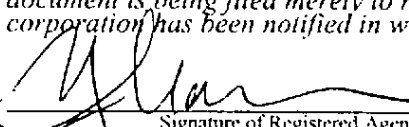
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Lourdes C. Marin, Esq.

\_\_\_\_\_  
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

10/26/2023

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Lourdes C. Marin, Esq.

\_\_\_\_\_  
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