

P05000118944

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6390

From: Account Name : RAUL VALDES-FAULI, P.A.
Account Number : I20180000021
Phone : (786)870-5083
Fax Number : (786)907-4006

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DIVISION OF CORPORATIONS
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Email Address: VLAGANA@RVF-LAW.COM

REGISTERED AGENT CHANGE
RAUL VALDES-FAULI, P.A.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAUL VALDES-FAULI, P.A.
Name of Corporation

DOCUMENT NUMBER: P05000118944

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:

VANESSA LAGANA
Name of Contact Person

RAUL VALDES-FAULI, P.A.
Firm/Company

355 ALHAMBRA CIRCLE, SUITE 1205
Address

CORAL GABLES, FL 33134
City/State and Zip Code

VLAGANA@RVF-LAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA LAGANA at 786 870-5083
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF CORPORATION
2013 MAY 22 PM 3:00

FAX AUDIT #H18000157448 3

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: RAUL VALDES-FAULI, P.A.
- 2. The principal office address: 355 ALHAMBRA CIRCLE, SUITE 1205
CORAL GABLES, FL 33134
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/25/2005 Document number: P05000118944

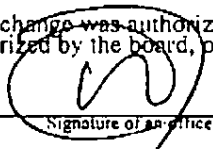
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
RAUL VALDES-FAULI
355 ALHAMBRA CIRCLE, SUITE 1500
CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RAUL VALDES-FAULI
355 ALHAMBRA CIRCLE, SUITE 1205
P.O. Box NOT acceptable
CORAL GABLES, FL 33134

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MAY 22 PM 3:00

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.

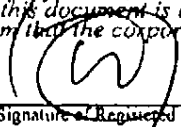


Signature of an officer or director

RAUL VALDES-FAULI, PRESIDENT

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

05/22/2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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