## 06000019827

)		
(Requestor's Name)		
(Address)	20008185744	
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Deborah Jofre, P.A. (Name of Corporation)
DOCUMENT NUMBER: P0600019827
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:
Deborah Jofre (Name of Contact Person)
Deborah John, P.A.
200 South Biscayne Blvd., Suite 3000
Miami, FL 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
DUDO YAN JOANG. at (305) 375-6070 (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

## 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: De bora h To Ave, P. H.
2. The principal office address: 200 South Biscayne Blvd, Suite 3000, Miami, FL 3313)
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 02 08 06 Document number: 106000019837
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Debrian Johne
1901 SW 5th AVENUE FE &
miami, FL 33129
6. The name and street address of the new registered agent (if changed) and /or registered office.
Deborah Tobre
200 South Biscovne Blyd Suite 3000
Migmi, FC 33131
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.
Olyona Water Pelonan Johne, President  (Signature of an officer or disector)  Pelonan Johne, President
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 Ageny) (Date)
If signing on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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

(Typed or Printed Name)