

PO6000037629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 28 PM 4:09

R.A. Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Karina Arceo P.A.
(Name of Corporation)

DOCUMENT NUMBER: P06000037629

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:

Karina Arceo
(Name of Contact Person)

Karina Arceo P.A.
(Firm/Company)

11101 SW 128 Ave
(Address)

Miami, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

Karina Arceo at (786) 294 2640
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2008

KARINA ARCEO P.A.
11101 SW128 AVE
MIAMI, FL 33186

SUBJECT: KARINA ARCEO P.A.
Ref. Number: P06000037629

We have received your document for KARINA ARCEO P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You are not indicating any change to your corporation with this form. If you are trying to change the registered agent address, please show the current registered agent in #5 and the new registered agent and address in #6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 208A00041160

REC-1111
2008 JUL 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Karina ARCEO P.A.
2. The principal office address: 6201 NW 114th PL #246 Doral, FL 33178
3. The mailing address (if different): 7105 SW 85th #306 Miami, FL 33144 (PLEASE REMOVE THIS ADDRESS)
4. Date of incorporation/qualification: 5/14/07 Document number: P06000037629
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

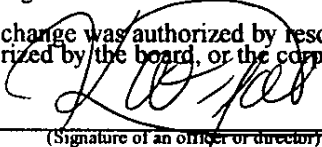
Karina ARCEO
6201 NW 114th PL #246
Doral, FL 33178

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

11101 SW 128 AVE
Miami, FL 33186
(P.O. Box NOT acceptable)
(NEW mailing address)

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)

Karina ARCEO
(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)

(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 28 PM 4:09