

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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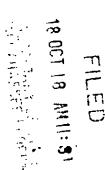
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Maria Isabel Hoelle, P.A.  Name of Corporation				
DOCUMENT NUMBER: P0600069468				
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 Isabel Hoelle				
Name of Contact Person				
Maria Isabel Hoelle, P.A.				
Firm/Company				
2701 Ponce de Leon Blvd., Mezz.				
Address				
Coral Gables, FL 33134				
City/State and Zip Code				
mhoelle@lhtrial.law <sub>/</sub>				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Maria Isabel Hoelle Name of Contact Person  Name of Contact Person  at (305 ) 859-0092 Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section				
Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo r to change its registered office or regis	mized under the laws of the State of _	Florida		
1. The name of t	the corporation: Maria Isabel Hoe	elle, P.A.			
2. The principal	office address: 2701 Ponce de L bles, FL 33134	eon Blvd., Mezz. Floor			
3. The mailing a	ddress (if different):				
4. Date of incor	poration/qualification: 05/17/2006	Document number: P0600	0069468		
5. The name and	I street address of the current registered timent of State: (If resigned, enter resign	agent and registered office on file wi	th the		
	Maria Isabel Hoelle				
	200 South Biscayne Blvd. Suite 3600 C/O Saul Ewing Arnstein & Lehr LLP				
	Miami, FL 33131				
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or registered off	ice : 8		
	Maria Isabel Hoelle		T T T		
2701 Ponce de Leon Blvd., Mezz. Floor P.O. Box NOT acceptable					
	Coral Gables, FL 33134	T acceptable	E E		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its	s registered agent,		
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been n	d by its board of directors or by an cotified in writing of the change.	officer so		
		Maria Isabel Hoelle, Dir			
1 further agree ( performance of	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to rej that the corporation has been notified	tutes relative to the proper and com accent the obligation of my position	plete as registered		
		<u>10/12/2018</u>			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Т;	yped or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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