

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maria Isabel Hoelle, P.A.

Name of Corporation

DOCUMENT NUMBER: P06000069468

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 ✓

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

at (305) 859-0092

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: Maria Isabel Hoelle, P.A.
2. The principal office address: 2701 Ponce de Leon Blvd., Mezz. Floor
Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/17/2006 Document number: P06000069468
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)

Maria Isabel Hoelle

200 South Biscayne Blvd. Suite 3600 C/O Saul Ewing Arnstein & Lehr LLP

Miami, FL 33131

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

Maria Isabel Hoelle

2701 Ponce de Leon Blvd., Mezz. Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

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

Maria Isabel Hoelle, Director

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

10/12/2018

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 (03/12)

FILED
18 OCT 18 AM 11:31
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS