

PO60000081904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

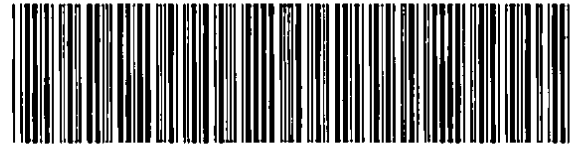
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2018 OCT 15 P 1:00

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*Handwritten signature*

OCT 23 2018

T. LEAHUE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Fabian A. Lopez M.D. P.A.  
Name of Corporation

DOCUMENT NUMBER: P06000081904

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:

Fabian A. Lopez MD  
Name of Contact Person

Fabian A. Lopez M.D. P.A.  
Firm/Company

P.O. Box 190367  
Address

Miami Beach FL 33119  
City/State and Zip Code

Lopezange/fabian@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabian A. Lopez MD at ( 305 ) 785-3319  
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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fabian A. Lopez M.D. P.A.  
2. The principal office address: 4302 Alton Rd. Ste. 300  
Miami Beach, FL 33140  
3. The mailing address (if different): P.O. Box 190367  
Miami Beach, FL 33119  
4. Date of incorporation/qualification: 6/15/2006 Document number: P06000081904  
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)

Fabian A. Lopez MD  
1900 Sunset Harbour Dr. Apt. 1011  
Miami Beach, FL 33139

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

Michael Lutz % Fabian Lopez  
1345 Lincoln Rd. #1205  
Miami Beach, FL 33139

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2008 OCT 15 P 4:00  
TALLAHASSEE, FLORIDA

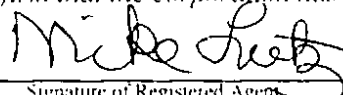
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Fabian A. Lopez MD, 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

10-5-18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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