Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000006846 3)))



H070000068463ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Erron: JAN -9

Division of Corporations

Fax Number

: (850)205-0380

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Phone

Account Number : 110432003053 : (561)694-8107

Fax Number

: (561)694-1639

REGISTERED AGENT CHANGE

JAMES D. RAMIREZ, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

1 of 1

WECAN ALLEN

1/9/07 8:44 AM

99:60 Z00Z/60/T0

PAGE 01/03

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: JAMES D. RAMIREZ, P.A.				
(Name of Corporation)				
DOCUMENT NUMBER: P07000002507				
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Megan Allen				
(Name of Conta	ct Person)			
Corporate Creations Internationa				
(Firm/Com)	pany)			
2900 Rivulet Lane				
(Addres	6)			
Henderson, NV 89074				
(City/State and 2	•			
For further information concerning this matter, please call	:			
Megan Allen (Name of Contact Person)	at (702) 492-1788 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departme	ent of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

CR2E045 (8/05)

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo		
	er to change its registered office or regis	·	·
1. The name of	the corporation: JAMES D. RAMIR	EZ, P.A.	
	office address: 1118 ROBERTA AV		32825
3. The mailing	address (if different); 1118 ROBERT	A AVENUE ORLANDO, I	EL 32825
4. Date of incor	poration/qualification: 01/05/2007	Document number: P0	7000002507_
	d street address of the current registered runent of State:		<u> </u>
,	James D. Ramirez		TAR -9
	1427 SE COLCHESTER CIRC	LE	E PR
	PORT ST. LUCIE, FL 34952		PSTAIL STAIL
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or register	
	James D. Ramirez		
	1118 Roberta Avenue		
	(P.O. Box. NOT acceptable Orlando, FL 32825	le)	
The street address changed will	ess of its registered office and the street be identical.	address of the business offic	e of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or totified in writing of the chang	by an officer so ge.
myg	ure of all officer or director)	James D. Ramirez, Director, (Printed or typed na	by M. Allen, as Attorney-in-Fact
I hereby accept I further agree a of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta id I am familiar with and accept the ob ng filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in this capacit tutes relative to the proper an oligation of my position as reg he registered office address, I e.	ly, id complete performance istered agent. Or, if this hereby confirm that the
mog	mature of Registered Agent)	01/09/2007	
y (31) If signing on be	half of an entity:	(Date)	
_	-		
C	yped or Printed Nume)		
	* * * FILING F	EE: \$35.00 * * *	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/03)