

PO7000028125

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

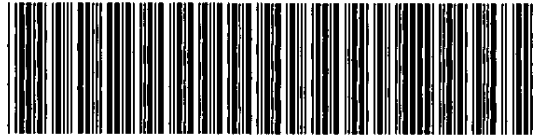
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA-122  
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[Signature]

9-11-08

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

PBA/ The ALVAREZ Law Firm, A Professional Association  
(Name of Alien Business Organization)

Dear Sir or Madam:

RACHEL M. ALVAREZ, P.A.

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RACHEL M. ALVAREZ  
(Name of Person)

THE ALVAREZ Law Firm A Professional Association  
(Firm/Company)

174 W. COMSTOCK AVE, STE 205  
(Address)

WINTER PARK FL 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

RACHEL ALVAREZ at (1107) 227-7272  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Alvarez Law Firm, A Professional Association  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Rachel Alvarez  
(Name of Contact Person)

The Alvarez Law Firm, A Professional Association  
(Firm/Company)

174 W. Comstock Ave. Ste 205  
(Address)

Winter Park, FL 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Alvarez at (407) 970-2954  
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: - Rachel M. Alvarez, P.A.
2. The principal office address: 174 N. Comstock Ave. Ste 203  
Winter Park, FL 32789
3. The mailing address (if different): same
4. Date of incorporation/qualification: 03/05/07 Document number: PO 70000 28125

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Rachel M. Alvarez P.A.  
1813 N. Dean Rd Ste 103  
Orlando, FL 32817

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

Rachel M. Alvarez, P.A.  
174 N. Comstock Ave Ste 203  
Winter Park, FL 32789  
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

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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]  
(Signature of an officer or director)

Rachel Alvarez  
(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]  
(Signature of Registered Agent)

8/28/08  
(Date)

If signing on behalf of an entity:

Rachel Alvarez  
(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)

Already Paid