

PO80000008775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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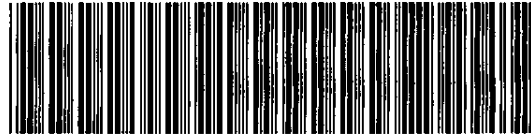
(Business Entity Name)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLAUDIA ECHEVERRI - GEORGE, P.A.
Name of Corporation

DOCUMENT NUMBER: PO 8 00000 8775

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:

CLAUDIA GEORGE
Name of Contact Person

CLAUDIA ECHEVERRI-GEORGE, P.A.
Firm/Company

2102 W. PLATT STREET, SUITE 102
Address

TAMPA, FL. 33606
City/State and Zip Code

Claudia@echeverrilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia George at (813) 334-6303
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2011

CLAUDIA GEORGE
CLAUDIA ECHEVERRI-GEORGE, P.A.
2102 W. PLATT STREET - SUITE 102
TAMPA, FL 33606

SUBJECT: CLAUDIA ECHEVERRI-GEORGE, P.A.
Ref. Number: P08000008775

We have received your document for CLAUDIA ECHEVERRI-GEORGE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00012560

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11 JUN -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: CLAUDIA ECHEVERRI-GEORGE, P.A.
2. The principal office address: 2102 W. PLATT ST., SUITE 102
TAMPA, FL. 33606
3. The mailing address (if different): P.O. Box 173153
TAMPA, FL. 33672
4. Date of incorporation/qualification: 11/23/08 Document number: 008000008775
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)

CLAUDIA GEORGE
1207 N. FRANKLIN ST., SUITE 326
TAMPA, FL. 33602

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

CLAUDIA GEORGE
2102 W. PLATT ST., SUITE 102
P.O. Box NOT acceptable
TAMPA, FL. 33606

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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.

Claudia George
Signature of an officer or director

CLAUDIA GEORGE, 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.

Claudia George
Signature of Registered Agent

5/26/11
Date

If signing on behalf of an entity:

CLAUDIA GEORGE AS PRESIDENT
Typed or Printed Name

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