

POE000018954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

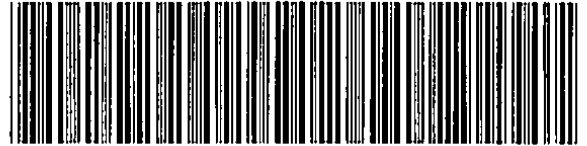
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Linda Friedman Ramirez P.A.

Name of Corporation

DOCUMENT NUMBER: P08000018954

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:

Linda Friedman Ramirez

Name of Contact Person

Linda Friedman Ramirez P.A.

Firm/Company

Suite 400 - 433 Central Avenue

Address

St Petersburg, Florida 33701

City/State and Zip Code

lindafriedmanramirez@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Friedman Ramirez

Name of Contact Person

at ( 727 ) 877-6973

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

1. The name of the corporation: Linda Friedman Ramirez, P.A.  
2. The principal office address: Suite 400  
433 Central Avenue, St Petersburg, Florida 33701  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/13/1989 Document number: P08000018954

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)

Linda Friedman Ramirez  
Unit 103, 1010 Central Avenue  
St Petersburg, Florida 33705

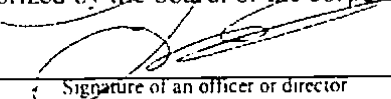
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Linda Friedman Ramirez  
Suite 400, 433 Central Avenue  
P.O. Box NOT acceptable  
St Petersburg, Florida 33701

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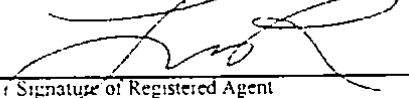
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Linda Friedman Ramirez   
\_\_\_\_\_  
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

8-20-2019  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Linda Friedman Ramirez  
\_\_\_\_\_  
Typed or Printed Name

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