

POS000029824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

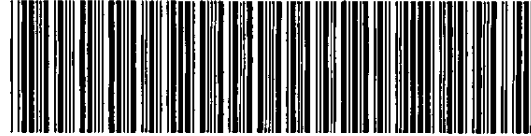
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15 AUG 27 AM 3:29  
TALLAHASSEE, FLORIDA

R. A. Choy  
AUG 28 2015

R. WHITE



RECEIVED

15 AUG 27 PM 1:56

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2015

MARIO R THEODORE  
4400 N FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064

SUBJECT: THE LAW OFFICE OF MARIO R THEODORE, P.A.  
Ref. Number: P08000029824

We have received your document for THE LAW OFFICE OF MARIO R THEODORE, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 715A00017390

\* THE FICTITIOUS NAME IS REGISTERED  
#6120000110036

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Law Office of Mario R. Theodore, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P08000029824

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:

**Mario R. Theodore**

Name of Contact Person

**The Law Office of Mario R. Theodore, P.A.**

Firm/Company

**4400 N. Federal Highway**

Address

**Lighthouse Point, Florida 33064**

City/State and Zip Code

**MTheodore@FairPricedLegal.com**

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

For further information concerning this matter, please call:

\_\_\_\_\_ at ( **954** ) **210-7777**  
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: The Law Office of Mario R. Theodore, P.A.  
2. The principal office address: 4400 N. Federal Highway, Lighthouse Point, Florida 33064

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/21/2008 Document number: P08000029824

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)

Mario R. Theodore

9746 W. Sample Road

Coral Springs, Florida 33065

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

Mario R. Theodore

4400 N. Federal Highway

P.O. Box NOT acceptable

Lighthouse Point, Florida 33064

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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.

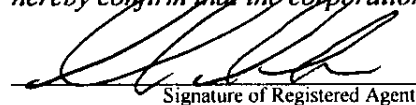
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mario R. Theodore, President

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
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

08/24/2015

\_\_\_\_\_  
Date

If signing on behalf of an entity:

MARIO R. THEODORE  
Typed or Printed Name

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