

P08000057600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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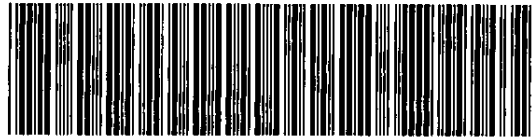
(Business Entity Name)

(Document Number)

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10 5/28/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Braulio Casas Architect, P. A.
Name of Corporation

DOCUMENT NUMBER: P08000057600

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:

Braulio Casas
Name of Contact Person

Braulio Casas Architect, P. A.
Firm/Company

P. O. Box 4818
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

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

For further information concerning this matter, please call:

Braulio Casas at (850) 231-0922
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 18, 2010

BRAULIO CASAS
BRAULI CASAS ARCHITECT, P.A.
P.O. BOX 4818
SANTA ROSA BEACH, FL 32459

SUBJECT: BRAULIO CASAS ARCHITECT, P.A.
Ref. Number: P08000057600

We have received your document for BRAULIO CASAS ARCHITECT, 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: 610A00012544

RECEIVED
2010 MAY 28 AM 8:00
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: Braulio Casas Architect, P. A.
2. The principal office address: 25 Central Square, Suite G-2
Santa Rosa Beach, FL 32459
3. The mailing address (if different): P. O. Box 4818
Santa Rosa Beach, FL 32459
4. Date of incorporation/qualification: June 8, 2008 Document number: P08000057600

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)

United States Corporation Agents, Inc.

13302 Winding Oaks Blvd., Suite A-100

Tampa, FL 33612

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

Braulio Casas

25 Central Square, Suite G-2

P.O. Box NOT acceptable

Santa Rosa Beach, FL 32459

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 28 PM 12:18

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

Braulio Casas, 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.



Signature of Registered Agent

22 May 2010

Date

If signing on behalf of an entity:

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)