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Office Use Only



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COVER LETTER

| TO: Amendment Division of C | | | |
|---|---|--|--|
| SUBJECT: | Arianne B. Su Name of Corpo | navez P.A. | |
| DOCUMENT NUMBER: <u>P08 D00075950</u> | | | |
| 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: | | | |
| | | | |
| | Arianne | B. Sugrez | |
| | Name of Confac | t Person | |
| | Ariann | e B. Suger, P.A. | |
| | Firm/Comp | any | |
| _ | 153 C |) NW 155th Lane | |
| Addiess | | | |
| City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| | | | |
| For further information concerning this matter, please call: | | | |
| A | rianne B. Sugrez a | 1(954) 483-4832 | |
| 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 | |
| | LATIANASSEE, I. D. 32.314 | ZOUL EXCLUENC COHOL CHOIC | |

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 + lond - in order to change its registered office or registered agent, or both, in the State of Florida. |
| |
| 1. The name of the corporation: Hrighne B. Sugrez JP. A. |
| 2. The principal office address: 1792 Bell Tower Lane |
| Weston, FL 33326 |
| 3. The mailing address (if different): |
| 210102 00000000000000000000000000000000 |
| 4. Date of incorporation/qualification: 81308 Document number: PO 8000075950 |
| 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) |
| Acianne B. Suarez |
| 1792 Bell Tower Lane 3 19 |
| Weston, FL 33326 3 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Arianne B. Suarez |
| Arianne B. Swarez 1527 NW 159th Lane |
| P.O. BOX NOT acceptable |
| Pensore Pines, FL 33028 |
| 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. |
| Grane B. Surce-owner leasing |
| 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 /Date |
| If signing on behalf of an entity: |
| Arianne B. Sugrez |
| Typed or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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