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| PICK-UP                 | ☐ WAIT            | MAIL                                   |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: Sanchez Law Group, P.A. Name of Corporation  |  |  |
| DOCUMENT NUMBER: PEROP 80133  |  |  |
| 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:   |  |  |
| Desiree Sanchez Name of Contact Person  |  |  |
| Sanchez LAW Group, P.A. Firm/Company  |  |  |
| 605 E. ROBINSON St. Ste 650 Address   |  |  |
| Orlando FC 32803. City/State and Zip Code   |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |
| For further information concerning this matter, please call:  |  |  |
| Desiree Sanchez at 407 236-0502  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: SANCHEZ LAW GROUP PA  |
| 2. The principal office address: 605 E. Robinson st, ste 600, Orlando, FL 32801   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 8127/2008 Document number: PD8000060133   |
| 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)  |
| Desiree Sanchez   |
| 35 W. Pine st ste 221 = == =  |
| Orlando, FL 32801   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Desiree Sanchez   |
| 605 E. Robinson St., Ste 650 P.O. Box NOT acceptable  |
| Orlando FL 32801  |
| 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 object 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. |
| 3/18/10   |
| Signature of Registered Agent  If signing on behalf of an entity:  Typed of 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 \* \* \*