P08000089432

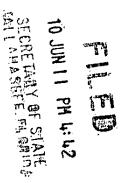
(Re	questor's Name)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL.			
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RA Change



COVER LETTER

TO:	Amendment ! Division of C	Section Corporations			
SUBJI	ECT:	The Lamelas	S Firm, P.A. Corporation		
DOCU	MENT NUM	BER:P0	8000089432		
The en	closed Stateme	ent of Change of Registered Off	ice/Agent and fee are submi	itted for filing.	
Please	return all corre	espondence concerning this mat	ter to the following:		
		Gustavo	J. Lamelas		
	, 	Name of C	Contact Person		
		The Lame	las Firm, P.A.		
	-	Firm/	Company		
	6337 S.W. 85 Street				
	_	A	ddress	•	
		Miami, F City/State	lorida 33143 and Zip Code		
		gus@lam	elaslaw.com		
	E	-mail address: (to be used for	r future annual report noti	fication)	
For fu	ther information	on concerning this matter, pleas	e call:		
		tavo J. Lamelas	at (305)	803-5681 ime Telephone Number	
-	Name	of Contact Person	Area Code & Dayt	ime Telephone Number	
Enclos	ed is a \$35.00	check made payable to the Dep	artment of State.		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center Circle	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617. ange is submitted for a corporation or er to change its registered office or re	rganized under the laws of the Sta	te of Florida
	the corporation: The Lamelas I		ic of Fromua.
	office address: 6337 S.W. 85 St		
2. The principal	office address.	 	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 2008	B Document number:	P08000089432
	d street address of the current register rtment of State: (If resigned, enter res		ile with the
	Gustavo J. Lamelas		· •
	1500 San Remo Avenue, St	e. 170	
	Coral Gables, Florida 33146	3	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or register	
	Gustavo J. Lamelas		
	6337 S.W. 85 Street, Miami,	, Florida 33143	5
	P.O. Do.	x NOT acceptable	
The street address changed will	ess of its registered office and the st l be identical.	treet address of the business offic	e of its registered agent,
Such change w authorized by t	as authorized by resolution duly add he board or the corporation has bee	opted by its board of directors or on notified in writing of the chang	by an officer so ge.
Signati	are of an officer or director	Gustavo J.	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered ager to comply with the provisions of all an familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	nt'and games to get in this eangei	fs.;
the		6/8/1	10
•	gnature of Registered Agent chalf of an entity:	Date	
	•		
Т	Typed or Printed Name		

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