

P09000009053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

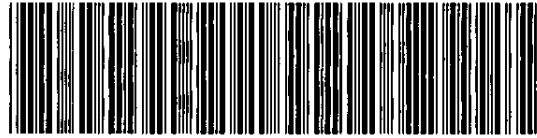
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TALLAHASSEE, FLORIDA

R.A. Charge
C.COULLETTE

JUN 25 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Roca Law Firm
Name of Corporation

DOCUMENT NUMBER: P09000009053

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:

Anthony A. Roca
Name of Contact Person

The Roca Law Firm
Firm/Company

4000 Ponce de Leon Blvd., Suite 470
Address

Coral Gables, Florida 33146
City/State and Zip Code

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

For further information concerning this matter, please call:

Anthony Roca at (786) 629-5871
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Roca Law Firm, P.A.
2. The principal office address: 4000 Ponce de Leon Blvd., Suite 470, Coral Gables, Florida 33146
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/29/09 Document number: P09000009053

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)

Anthony Roca
759 SW 22 Avenue
Miami, Florida 33125


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

Anthony Roca
4000 Ponce de Leon Blvd., suite 470
P.O. Box NOT acceptable
Coral Gables, Florida 33146

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TALLAHASSEE, FLORIDA

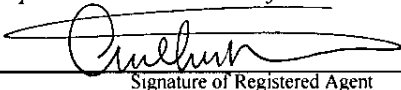
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Anthony A. Roca, Officer
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

June 18, 2009
Date

If signing on behalf of an entity:

Anthony Roca
Typed or Printed Name

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