

PO90000 23600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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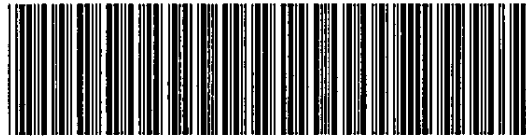
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 09 2016

G. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Solimar Santos, P.A.
Name of Corporation

DOCUMENT NUMBER: P 09000023600

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:

Solimar Santos
Name of Contact Person

Solimar Santos, P.A.
Firm/Company

255 Aragon Ave. 2nd FL
Address

Coral Gables, FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Solimar Santos at (305) 975-4855
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: Solimar Santos, P.A.
2. The principal office address: 255 Aragon Ave. 2nd Floor
Coral Gables, FL 33134
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3/13/2009 Document number: PC 9000023600

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)

Solimar Santos
2301 SW 27th Ave. #704
Miami FL 33145

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

Solimar Santos
255 Aragon Ave. 2nd Floor
P.O. Box NOT acceptable
Coral Gables, FL 33134

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG -1 AM 10:00

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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.

Solimar Santos
Signature of an officer or director

Solimar Santos
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.

Solimar Santos
Signature of Registered Agent

7/27/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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