

P 040000 397 23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

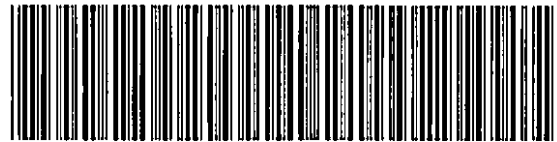
(Business Entity Name)

(Document Number)

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S TALLENT
AUG 08 2018

FILED
18 AUG -5 AM 11:00
2018

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2018

TAMAS KRISZTIAN
RESTORATION 1 OF MIAMI, INC
12078 MIRAMAR PARKWAY
MIRAMAR, FL 33025

SUBJECT: RESTORATION 1 OF MIAMI, INC
Ref. Number: P09000039723

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

THE NEW REGISTERED AGENT SHOULD BE LISTED ON #6 ON THE FORM.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00013667

RECEIVED
18 AUG -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Restoration 1 Miami, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000039723

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:

Monika Hartman
Name of Contact Person

Restoration 1 Miami, Inc
Firm/Company

12078 Miramar Parkway
Address

Miramar, Florida, 33025
City/State and Zip Code

info2.restoration1miami@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monika Hartman at (305) 508-0907
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: Restoration 1 Miami, INC
2. The principal office address: 12078 Miramar Pkwy, Miramar, Florida, 33025
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/04/2009 Document number: P09000039723
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)

Cohen, Harvey, Esq.
c/o Cohen Law Group
350 N Lake Destiny Rd, Maitland, FL
32751

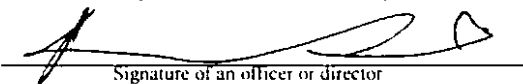
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nicholas Grandal Esq.
Capote Grandal, P.L.
P.O. Box NOT acceptable

1001 Brickell Bay Dr, Ste. 2700, Miami, FL
33131

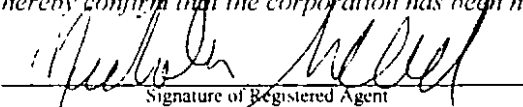
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

TAMAS KRISZTIAN P
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

08/02/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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

FILED
18 AUG -6 AM 11:08
TALLAHASSEE, FLORIDA