

P09000047948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

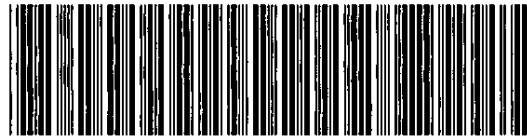
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 08 2012

T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aexander A. Echevarria, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P0900004798

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:

Alexander A. Echevarria  
Name of Contact Person

Alexander A. Echevarria, P.A.  
Firm/Company

222 North Lombard  
Address

Oak Park, IL, 60302  
City/State and Zip Code

aechevarria2506@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Echevarria at ( 305 ) 7755300  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2012

ALEXANDER A. ECHEVARRIA  
ALEXANDER A. ECHEVARRIA, P.A.  
222 NORTH LOMBARD  
OAK PARK, IL 60302

SUBJECT: ALEXANDER A. ECHEVARRIA, P.A.  
Ref. Number: P09000047948

We have received your document for ALEXANDER A. ECHEVARRIA, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Alexander Echevarria must sign document in the space for signature on the form.

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.

Tina Roberts  
Regulatory Specialist II

Letter Number: 512A00011850

RECEIVED  
12 MAY -8 AM 9:29  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Alexander A. Echevarria, P.A.
2. The principal office address: 3665 Park Central blvd. North, Pompano Beach, Florida, 33064
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/01/2009 Document number: P09000047948

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)

Alexander Echevarria, Esq.  
3665 Park Central blvd. N.  
Pompano Beach, Florida, 33064

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

A.  
Alexander Echevarria, Esq.  
5800 Granada Blvd  
P.O. Box NOT acceptable  
-- Coral Gables FL 33146

FILED  
2012 MAY - 8 PM 4:00  
SECRETARY OF STATE  
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

Alexander A. Echevarria  
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

5/2/2012  
Date

If signing on behalf of an entity:

Alexander A. Echevarria  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)