

P09000056959

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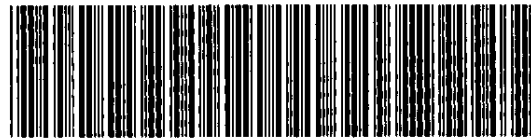
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Law Office of Brian C. Duran, P.A.
Name of Corporation

DOCUMENT NUMBER: P09000056959

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:

Brian C. Duran, Esquire
Name of Contact Person

The Law Office of Brian C. Duran, P.A.
Firm/Company

P.O. Box 970421
Address

Boca Raton, FL 33428
City/State and Zip Code

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

For further information concerning this matter, please call:

Brian C. Duran, Esquire at (561) 768-2852
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

June 24, 2010

BRIAN C. DURAN, ESQ.
THE LAW OFFICE OF BRIAN C. DURAN, P.A.
P.O. BOX 970421
BOCA RATON, FL 33428

SUBJECT: THE LAW OFFICE OF BRIAN C. DURAN, P.A.
Ref. Number: P09000056959

We have received your document for THE LAW OFFICE OF BRIAN C. DURAN, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 810A00015578

Please see enclosed
correction requested.
I can be reached at
(561) 768-2852 during
business hours. Please
update your records accordingly.
www.sunbiz.org

RECEIVED
2010 JUL -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. C. Duran

**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: The Law Office of Brian C. Duran, P.A.
2. The principal office address: ~~12292 St. Simon Dr. Boca Raton, FL 33428~~
12292 St. Simon Dr. Boca Raton, FL 33428
3. The mailing address (if different): P.O. Box 970421, Boca Raton, FL 33428
4. Date of incorporation/qualification: 07/01/2009 Document number: P09000056959
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301 US

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

Brian C. Duran, Esquire

12292 St. Simon Drive

P.O. Box NOT acceptable

Boca Raton, FL 33428

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.

Brian C. Duran
Signature of an officer or director

Brian C. Duran, Director
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.

Brian C. Duran
Signature of Registered Agent

6/21/10
Date

If signing on behalf of an entity:

Brian C. Duran
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)

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
10 JUL -6 AM 9:01

6/29/10