P09000057597

(Re	questor's Name)	-		
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(Bu	siness Entity Name	;)		
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Special Instructions to Filing Officer:				
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SECRETARY OF SIAT

RA. Change C.COULLIETTE

MAY 10 2010

EXAMINER

COVER LETTER

TO:	Amendment Secti Division of Corpo	on orations					
SUBJECT: DAVE ROBERTS CPA, P.A. Name of Corporation							
		Name of Corp	poration				
DOC	UMENT NUMBER	:P0900	0057597				
The e	nclosed Statement of	f Change of Registered Office/A	gent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
		Dave Rol					
		Name of Conta	ct Person				
		DAVE ROBERTS	S CPA, P.A.				
	-	Firm/Comp	oany				
		841 NE 207 Lar	na eta 105				
		Addres					
	•		,				
		Miami, FL 3	33179				
		City/State and Z	Zip Code				
		drober08@yah	oo.com				
	E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:							
		Roberts	at (305)653 - 3945				
	Name of C	ontact Person	at (305) 653 - 3945 Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check	c made payable to the Departme	nt of State.				
	A D P.	mendment Section ivision of Corporations O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building				
	L :	allahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.6 ange is submitted for a corporation or ar to change its registered office or reg	ganized under the laws of the State	of Florida
1. The name of t	the corporation: Dave Roberts	CPA, P.A.	
2. The principal	office address: 701 BRICKELL A	VENUE, SUITE 1550	
Miami, FL	33131		
3. The mailing a Miami, F	address (if different): 841 NE 207 L L 33179	_ane, # 105	
4. Date of incorp	poration/qualification:07/06/20	009 Document number:	P09000057597
	d street address of the current registere rtment of State: (If resigned, enter resigned)		e with the
	CORPORATION SERVICE C	COMPANY	
	1201 HAYS STREET		
	TALLAHASSEE FL 32301		₩ <u>-</u>
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered	office A - C
	Dave Roberts		— 13 ST. CO.
	841 NE 207 Lane, # 105		70, 15
		NOT acceptable	933 8
	Miami, FL 33179		
The street addre as changed will	ess of its registered office and the stre be identical.	eet address of the business office	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ador he board, or the corporation has been	oted by its board of directors or by a notified in writing of the change.	y an officer so
Signatur	L KUSUK	Dave Roberts, Printed or typed name a	President
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and obligation of my position as regis, the registered office address, I hage.	complete performance tered agent. Or, if this ereby confirm that the
_Way	& & Check	05/04/20	10
	nature of Registered Agent thalf of an entity:	Date	
	Dave Roberts		
Ту	yped or Printed Name		

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