

P09000073263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

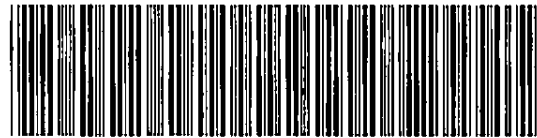
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2017 NOV -6 PM 3:45

C. GOLDEN

NOV 07 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: June Makis PA
Name of Corporation

DOCUMENT NUMBER: PO 90000 73263

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:

June Makis
Name of Contact Person

June Makis PA
Firm/Company

24505 SW 193rd Ave
Address

Homestead FL 33031
City/State and Zip Code

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

For further information concerning this matter, please call:

June A Makis at (305) 216-1211
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

October 18, 2017

JUNE A. MAKIS
24505 SW 193RD AVENUE
HOMESTEAD, FL 33031

SUBJECT: JUNE MAKIS P.A.
Ref. Number: P09000073263

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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/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.

Claretha Golden
Regulatory Specialist II

Letter Number: 617A00021052

RECEIVED
17 NOV -6 PM 4:08
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: June Makis PA
2. The principal office address: 24505 SW 193rd Ave
Homestead FL 33031
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 08/31/2009 Document number: P09000073263

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)

June A Makis 16716 SW 298 Terrace
Homestead FL
33030

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

June A Makis
24505 SW 193rd Ave
Homestead FL 33031

P.O. Box NOT acceptable

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.

June A Makis
Signature of an officer or director

June A Makis
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.

June A Makis
Signature of Registered Agent

11/2/2017
Date

If signing on behalf of an entity:

June A Makis
Typed or Printed Name

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

2017 NOV -6 PM 3:45

FILED