P10000019229

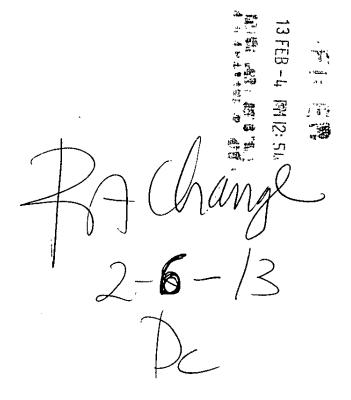
(Requestor's Name)	_
•	
(Address)	_
(Address)	_
•	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Storiloso Linis, Italia)	
(Document Number)	_
(Boddileit Number)	
Contribution Contribution of Chatan	
Certified Copies Certificates of Status	_
<u> </u>	_
Special Instructions to Filing Officer:	ļ
	١
	١
	١
	1





900244214079

02/04/13--01031--029 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Law Offices of Andrew J. LaFave, P.A.

Name of Corporation

DOCUMENT NUMBER

P10000019229

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:

Andrew J. LaFave

Name of Contact Person

Law Offices of Andrew J. LaFave, P.A.

Firm/Company

3900 Lake Sarah Dr.

Address

Orlando, FL 32804

City/State and Zip Code

lafavelaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew LaFave

, 407

595-7653

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

statement of cha	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Floridaerror to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Law Offices of Andrew J. LaFave, P.A.	
 The name of the principal 	office address: 3900 Lake Sarah Dr., Orlando, FL 32804	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 3/3/2010 Document number: P10000019229	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Andrew J. LaFave	
	3710 Lower Union Rd.	<u>د</u> لا ي
	Orlando, FL 32814	***
6. The name and (if changed):	Andrew J. LaFave	
	Andrew J. LaFave	
	3900 Lake Sarah Dr.	
	P.O. Box NOT acceptable Orlando, FL 32804	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
Such change was authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signatu	Andrew J. LaFave, President Printed or typed name and title	
I further agree , performance of agent. Or, if th	of the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as registered This document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change.	
dry	Enarry of Registered Agent 1/29/2013 Date	
If signing on be	chalf of an entity:	
Andrew J.	. LaFave	
Т	Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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