AUXD 20191

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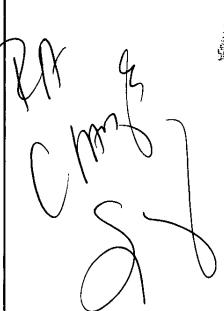


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COVER LETTER

TO: Amendment Section Division of Corporations									
SUBJECT: The Ceballos Caw Firm, P.A. Name of Corporation									
DOCUMENT NUMBER: P10000020191									
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:									
Mario A. Ceballos, Esq Name of Contact Person									
The Ceballos Law Firm, P.A. Firm/Company									
37 N. Orange Ave. Ste 500									
Orland FL 32801 City/State and Zip Code									
City/State and Zip Code									
mceballos@ceballos - law.com									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Tason Bence at (407) 733 - 1260 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

Pursuant to the p statement of chan in order		or a corpo	oration organ	ized under tl	he laws of the S	tate of	Florida	
1. The name of th	ne corporation:	The	Ceballi	os law	Firm P.A	١.		
2. The principal of	•				Orland		32 9 01	Ste so
3. The mailing ad	ldress (if different	1):37	N. Orai	nge Ave.	Ste 500	Orland	b FL.	3280)
4. Date of incorpo	oration/qualificati	ion:O	3/01/10	Docun	nent number: _	P1000	000201	91
5. The name and Florida Departs	street address of t ment of State: (If				istered office of	n file with 1	the	
	Mario A.	Cebal	los					
•	205 E.M	Narks	St.			<u> </u>		
-	Orlando,	FL.	32801			· · · · · · · · · · · · · · · · · · ·		
6. The name and (if changed):	street address of t			nt (if changed	d) and /or regist	ered office		2010 MAY 20
-	37 N. O			Ste 50	 o		6	2
-	Orlando	FL.	P.O. Box NO 32801	T acceptable			M 7:	•
The street address as changed will be	s of its registered be identical.	d office a	nd the street	address of the	he business off	ice of its r	egistered a	agent,
Such change was authorized by the				d by its boar otified in wri	d of directors of the cha	or by an of		
				Pre	esiden f		<u>.</u>	
I hereby accept the I further agree to of my duties, and document is being corporation has	of an officer or director the appointment of a comply with the last am familiar was filed merely to been notified in the last and the l		red agent an ns of all stat ccept the obl change in th f this change	nd agree to a utes relative igation of m e registered	Printed or typed need in this capa to the proper y position as re office address		lete perfori igent. Or, confirm th	mance if this out the
_	ature of Registered Age	ent			Date			
If signing on beh	alf of an entity:				•			
Ту	oed or Printed Name		····					

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