P10000039388

		
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C.COULLIETTE

AUG 0 6 2010

EXAMINER

COVER LETTER

SUBJECT:	Louise R. Lopez Name of C	Psy.D., PA
	Name of C	orporation :
DOCUMENT NUMBE	R:P100	000039388
The enclosed Statement	of Change of Registered Office	Agent and fee are submitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
,	٠	-•
	Louise F Name of Co	R Lopez
	Name of Co	ntact Person
	Louise R. Lope	ez, Psy.D., PA
	Louise R. Lope Firm/Co	ompany
	1760 NE	13th St
	Add	
	Fort Lauderda	ule. FL 33304
	City/State ar	d Zip Code
	info@drllo	oez.com
E-ma	ail address: (to be used for f	uture annual report notification)
For further information o	concerning this matter, please of	all:
	-	
LOUIS Name of	se R Lopez Contact Person	at (561) 351-6232 Area Code & Daytime Telephone Nu
Name of	Contact reison	Area Code & Daytime Telephone Nu
Enclosed is a \$35,00 che	ck made payable to the Depart	ment of State.
. 1	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
•	P.O. Box 6327	Clifton Building

Tallahassee, FL 32301

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statingeria is submitted for a corporation organized under the laws of the State of Florer to change its registered office or registered agent, or both, in the State of Florer	rida	is 	-
1. The name of t	he corporation: Louise R. Lopez, Psy.D., PA			·····
2. The principal	office address: 1051 NE 39th St #5, Oakland Park, FL 33334			
3. The mailing a	ddress (if different): Same as above			
4. Date of incorp	poration/qualification: May 6, 2010 Document number: P10	00000	39388	1
	street address of the current registered agent and registered office on file with t tment of State: (If resigned, enter resigned)	he		
	Louise R. Lopez			
	1051 NE 39th St #5	and to be		
	Oakland Park, FL 33334	SEG SEG	10	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	AFT 18S	AUG-5	-F
	Louise R. Lopez			
	1760 NE 13th St		<u> </u>	
	P.O. Box NOT acceptable Fort Lauderdale, FL 33304		25	
The street address changed will	ess of its registered office and the street address of the business office of its r be identical.	egistere	d ager	11,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an of ne board, or the corporation has been notified in writing of the change.	ficer so		
Signatur	Louise R. Lopez, Pres	sident		-
I haraby accord	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 completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete perj igent. (confirm	forman Or, if the that t	ice his he
	8/3/10			_
	nature of Registered Agent Date			-
If signing on be	half of an entity:			
	LOUISE R. LOPEZ yped or Printed Name			

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