P10000043159

(Red	questor's Name)	
. (Add	dress)	<u>,</u>
(Add	dress)	
(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700241172137

10/26/12--01007--016 **35.00

12 0CT 26 PM 2:51

FILED
SECRETARY OF STATE
HYTSION OF CORPORATION

R.A.

OCT 2 9 2012

T. BROWN

COVER LETTER

TO:

Amendment Section **Division of Corporations**

CARLOS M. AMOR, P.A.

Name of Corporation

P10000043159

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:

Carlos M. Amor

Name of Contact Person

CARLOS M. AMOR, P.A.

Firm/Company

3250 MARY STREET, STE 303

Address

MIAMI FLORIDA 33133

City/State and Zip Code

carlos@cmapalaw.com

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

For further information concerning this matter, please call:

Carlos M. Amor

Name of Contact Person

305 454.4160
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

\cdot 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 Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA in the State of Florida.
1. The name of	the corporation: CARLOS M. AMOR, P.A.
2. The principal	office address: 3250 Mary Street, Ste 303,
	Miami Florida 33133
3. The mailing a	ddress (if different):
4. Date of incor	poration/qualification: 05/19/2010 Document number: P10000043159
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Carlos M. Amor
	2665 S. Bayshore Drive Ste 220
	Miami Florida 33133
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Carlos M. Amor
	3250 Mary Street, Ste 303,
	P.O. Box NOT acceptable Miami Florida 33133
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical
\sim	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
	re of an officer of director Printed or typed name and titles
I hereby accept I further agree performance of agent. Or, if th hereby confirm	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 my duties, and Lam familiar with and accept the obligation of my position as registered is 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. Date Date
Car	half of an entity: S. M. Anor P.A. yped or Printed Name

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