

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

**Division of Corporations**  
**Fax Number : (850)617-6380**

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

2016 JUL 22 AM 10:45

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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THE

**REGISTERED AGENT CHANGE**  
**LA CLINICA DEL ZAPATO CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUL 25 2016

C LEWIS

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**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LA CLINICA DEL ZAPATO Corp
2. The principal office address: 545A SW 8TH ST  
MIAMI, FL 33130
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 08/13/2010 Document number: P10000066660

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)

ROSALBA LLUBERES

545A SW 8TH ST

MIAMI, FL 33130

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

YOHANS N RODRIGUEZ

545A SW 8TH ST

MIAMI, FL 33130

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.

  
Signature of an officer or director

PRESIDENT

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.*

  
Signature of Registered Agent

07/18/2016

Date

If signing on behalf of an entity:

ROSALBA LLUBERES

Typed or Printed Name

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

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
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