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Division of Corporations

FAX NO.

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : LAW OFFICES OF PAUL A. LESTER, P.A.
Account Number : I20110000058
Phone : (305) 350-5344
Fax Number : (305) 373-2294

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REGISTERED AGENT CHANGE
LAW OFFICES OF PAUL A. LESTER, P.A.

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COVER LETTER

(((H11000201026 3)))

TO: Amendment Section
Division of Corporations

SUBJECT: Law Offices of Paul A. Lester, P.A.
Name of Corporation

DOCUMENT NUMBER: P10000095371

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:

Paul A. Lester, P.A.
Name of Contact Person

Law Offices of Paul A. Lester, P.A.
Firm/Company

9150 So. Dadeland Blvd., Suite 1400
Address

Miami, FL 33156
City/State and Zip Code

palesq@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul A. Lester at (305) 350-5344
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

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P Lester

413-442-4573

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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: Law Offices of Paul A. Lester, P.A. (((H11000201026 3)))
2. The principal office address: 9150 So. Dadeland Boulevard, Suite 1400
Miami, Florida 33156
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/22/2010 Document number: P10000095371
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)
Robert M. Sondak
9400 So. Dadeland Blvd., STE 600
Miami, FL 33156-2841
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Paul A. Lester
9150 So. Dadeland Blvd., Suite 1400
P.O. Box NOT acceptable
Miami, FL 33156-7855

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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]
Signed by an officer or director

Paul A. Lester, 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]
Signature of Registered Agent

August 5, 2011
Date

If signing on behalf of an entity:

PAUL A. LESTER
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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Received Time Aug. 6. 2011 1:23PM No. 7607