

**P110000003850**

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Email Address: HACHichoni@Duanemorris.com

**REGISTERED AGENT CHANGE  
HECTOR A. CHICHONI, P.A.**

Certificate of Status	0
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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: Hector A. Chichoni, P.A.  
2. The principal office address: 201 South Biscayne Boulevard, Suite 3400, Miami, Florida 33131

3. The mailing address (if different): 201 South Biscayne Blvd, Suite 3400

4. Date of incorporation/qualification: January 12, 2011 Document number: P11000003850

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)

Hector A. Chichoni

200 So. Biscayne Boulevard, Suite 3400

Miami, Florida 33131

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

Hector A. Chichoni

201 So. Biscayne Boulevard, Suite 3400

P.O. Box NOT acceptable

Miami, Florida 33131

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.

Hector A. Chichoni, President

Printed or typed name and title

Signature of an officer or director

*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

10/22/2018

Date

If signing on behalf of an entity:

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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