

P11000009524

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2018 MAY 29 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C. GOLDEN  
MAY 31 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

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**SUBJECT:** Pablo Samsing PA  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Pablo Samsing  
Name of Contact Person

Pablo Samsing PA  
Firm/Company

11555 Heron Bay Blvd, Suite 200  
Address

Parkland, FL 33076  
City/State and Zip Code

pablo@loanpro365.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Samsing at ( 954 ) 288-9242  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2018

Filing cancelled  
due to returned check

PABLO SAMSING  
11555 HERON BAY BOULEVARD  
SUITE 200  
PARKLAND, FL 33076

SUBJECT: PABLO SAMSING, P.A.  
Ref. Number: P11000009524

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete numbers 5 and 6.

*Completed.*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 318A00006617

RECEIVED  
18 MAY 29 PM 3:37  
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TALLAHASSEE, FLORIDA

**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: Pablo Samsing, P.A.  
2. The principal office address: 11555 Heron Bay Blvd, suite 200, Parkland FL 33076

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/27/2011 Document number: P11000009524

5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)

Filing cancelled  
due to returned check

Pablo Samsing  
4875 Volunteer Road  
Davie FL 33330

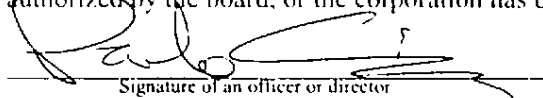
2018 MAY 29 PM 2:39  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pablo Samsing  
11555 Heron Bay Blvd Suite 200  
Parkland FL 33076  
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.

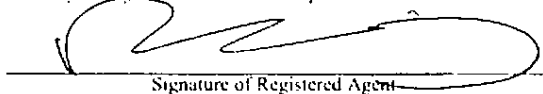
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Pablo Samsing

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

3/23/18

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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