

P11000022405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

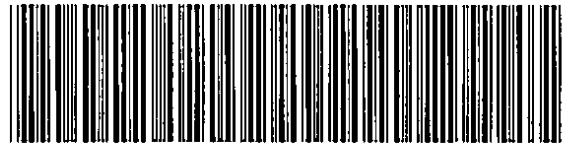
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500325119795

03/05/13--01025--006 **35.00

2013 MAR -5 AM 8:09
RECEIVED
FBI ALABAMA
FBI ALABAMA

MAR 15 2013
C McNAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington, DE 19808
800-927-9800
302-636-5454 FAX

2019 MAR -5 AM 6:09
CORPORATION SERVICE COMPANY
WILMINGTON, DE 19808

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 1, 2019

Order#: 651083/015

Re: JOSE B. ESQUENAZI, M.D., P.A.

Enclosed please find:

- XX Change of Registered Agent and Office.
- XX Check in the amount of \$35.

Please take the following action:

- XX File in your office on a routine basis.
- XX Issue Proof of Filing.
- XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: JOSE B. ESQUENAZI, M.D., P.A.
2. The principal office address: 7900 SW 57th Avenue, Suite 21, Miami, FL 33143
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/07/2011 Document number: P11000022405

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)

Dr. Jose B. Esquenazi

7900 SW 57th Avenue, Suite 21

Miami, FL 33143

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

Corporation Service Company

1201 Hays Street

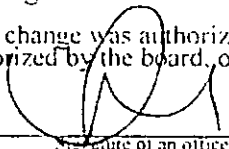
P.O. Box, NOT acceptable

Tallahassee

FL 32301

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.

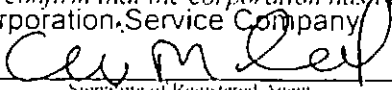


Signature of an officer or director

Jose B. Esquenazi, 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.

Corporation Service Company
By: 

Signature of Registered Agent

03/01/2019

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

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
CR2E045 (03/12)