## P11000059049

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R.A.

MAY 22 2012

T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: THE LAW OFFICE OF CHRISTINE PUZON, P.A.

Name of Corporation

DOCUMENT NUMBER: P11000059049

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:

CHRISTINE PUZON, ESQ.

Name of Contact Person

THE LAW OFFICE OF CHRISTINE PUZON, P.A.

Firm/Company

15190 S.W. 136 STREET, SUITE 16

Address

MIAMI, FL 33196

City/State and Zip Code

cpuzon@puzonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE PUZON

786 245-0464

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

to reflect the new address of the Firm on the cover letter. Thankyor.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of egistered agent, or both, in the State of	FLORIDA	
The name of a     The principal	the corporation: THE LAW OFF office address: 15190 S.W. 136	FICE OF CHRISTINE PUZON 6 STREET, SUITE 16, MIAM	N, P.A. 11, FL 33196	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 9/27/210	Document number: P110	00059049	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file wigned)	vith the	
	CHRISTINE PUZON			
	901 NE 125 STREET, #10	)9	21121 SEC	
٠	NORTH MIAMI, FL 33161	1	2112 HAY 16 SECRETAR SALLAHASS	
6. The name and street address of the new registered agent (if changed) and /c (if changed):		agent (if changed) and /or registered of	ffice FL AM	<u>М</u>
	CHRISTINE PUZON		0: 03	
	15190 S.W. 136 STREET	, SUITE 16	n	
	MIAMI, FL 33196	NOT acceptable	_	
The street addre	ess of its registered office and the str be identical.	reet address of the business office of it	ts registered agent,	
	$\wedge$	pted by its board of directors or by an notified in writing of the change.		
Signatu	ne of an offizer or director	CHRISTINE PUZON, E		
l further agree i performance of agent. Or. if th	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with ar is document is being filed merely to that the corporation has been notific	statutes relative to the proper and con nd accept the obligation of my position reflect a change in the registered offic	nplete n as registered ce address, I	
	WY Y	MAY 11, 2012		
_	nature of Registered Agent	Date		
T	yped or Printed Name			

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

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