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(0	Document Number)
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MAR 21 2014

R. WHITE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2014

DR. NORDA HERNANDEZ 1625 N. COMMERCE PARKWAY STE 210 WESTON, FL 33326

SUBJECT: GRACIOUS MIND P.A. Ref. Number: P11000087817

We have received your document for GRACIOUS MIND P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White Regulatory Specialist II

Letter Number: 314A00002966

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: <u>Gracious Mind P.A.</u> Name of Corporation  Ref Number: - p11000087817  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:
Name of Contact Person  Coracious Wind P.A.  Firm/Company  1625 N. Commerce Parkway Swite 210  Address  Weston, FL, 33326  City/State and Zip Code  dr-hernander D bellsouth. Net.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Norda Hemaula at (954) 536 3/18  Name of Contact Person Area Code & Daytime Telephone Number
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

## 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: Coracious Wind P.H.
2. The principal office address: 1625 N. Commerce Parkway Suite Die
Weston, FL, 33326
3. The mailing address (if different): — Same —
4. Date of incorporation/qualification: 10/05/2012 Document number: P11000087817
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)
2645 Executive Park Drive
Secrete 122 or 134
Weston Fl 33331
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    1625 N. Commerce Parkway Seufe 210   Weston, FL 33326
Weston, FL 33326  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.
Market of an officer or director Novda Hessauden Printed of 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 menely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Bristure of Registered Agent 3/3/2014 Date
If signing on behalf of an entity:
NORDA HERMANDEZ
Typed or Printed Name

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