

P110000094345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

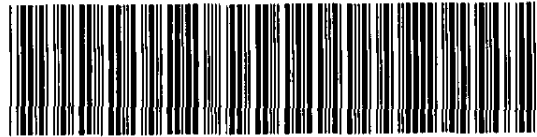
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA address
Change

09/12/12--01002--001 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/11/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAYLOR VEGA, P.A.

Name of Corporation

DOCUMENT NUMBER: P11000094345

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:

Timothy S. Taylor

Name of Contact Person

TAYLOR VEGA, P.A.

Firm/Company

2555 PONCE DE LEON BLVD. STE 220

Address

CORAL GABLES, FL 33134

City/State and Zip Code

TTAYLOR@TAYLORVEGA.COM

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

For further information concerning this matter, please call:

TIMOTHY S. TAYLOR

Name of Contact Person

at (305) 443-2043

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
12 SEP -5 AM 11:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: TAYLOR VEGA, P.A.
2. The principal office address: 2555 PONCE DE LEON BLVD., SUITE 220, CORAL GABLES, FL 33134
3. The mailing address (if different): 2555 PONCE DE LEON BLVD., SUITE 220, CORAL GABLES, FL 33134
4. Date of incorporation/qualification: January 2011 Document number: P11000094345
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)

TIMOTHY S. TAYLOR

121 Alhambra Plaza, Suite 1604 --

Coral Gables, FL 33134

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

TIMOTHY S. TAYLOR

2555 Ponce De Leon Blvd., Suite 220

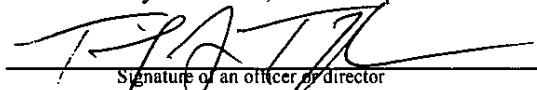
P.O. Box NOT acceptable

Coral Gables, FL 33134

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

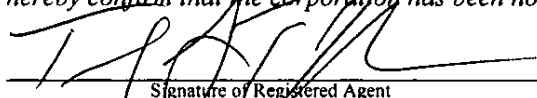
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Timothy S. Taylor, Director

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

Date

If signing on behalf of an entity:

Timothy S. Taylor

Typed or Printed Name

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