## P1000096761

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: COREY M. OHAYON, P.A.

Name of Corporation

DOCUMENT NUMBER.

P11000096761

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:

COREY M OHAYON

Name of Contact Person

COREY M. OHAYON, P.A.

Firm/Company

7989 CHULA VISTA CRES

Address

BOCA RATON, FL 33433

City/State and Zip Code

COREY@OHAYON.US

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

For further information concerning this matter, please call:

COREY OHAYON

,,954

263-1608

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.
. The name of the corporation: COREY M. OHAYON, PA  The principal office address: 7989 CHULA VISTA CRES, BOCA RATON, FL 33433
in order to change its registered office or registered agent, or both, in the State of FLORIDA  in order to change its registered office or registered agent, or both, in the State of Florida.  The name of the corporation: COREY M. OHAYON, PA  The principal office address: 7989 CHULA VISTA CRES, BOCA RATON, FL 33433  The mailing address (if different):  Date of incorporation/qualification: 11/11/11 Document number: P11000096761  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)  COREY M. OHAYON  4710 N 39TH STREET  HOLLYWOOD, FL 33021  The name and street address of the new registered agent (if changed) and /or registered office (if changed):  COREY M. OHAYON  7989 CHULA VISTA CRES  P.O. Box NOT acceptable  BOCA RATON, FL 33433  The street address of its registered office and the street address of the business office of its registered agent, changed will be identical.  ch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board, or the corporation has been notified in writing of the change.  Signature by an officer of director director with the provisions of all stantures relative to the proper and complete reformance of mendulies, and I am I familiar with and accept the obligation of my position a registered agent. Or, if the document is being filled mercely to reflect a change in the registered office and director of the complete of the proper and complete of the prope
Date of incorporation/qualification: 11/11/11 Document number: P11000096761
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)
COREY M. OHAYON
4710 N 39TH STREET
HOLLYWOOD, FL 33021
i. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
COREY M. OHAYON
7000 0110EX 110 17 OKES
·
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Corey Chayon, Tresident
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.
1/29/13
t signing on behalf of an entity:
Typed 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 \* \* \*