P110001010434

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Mejer Law, P.A. Name of Corporation P11000106434 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: Alvaro L. Mejer Name of Contact Person Mejer Law, P.A. Firm/Company 201 Alhambra Cr Suite 504 Coral Gables, FL. 33134 City/State and Zip Code amejer@mejerlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alvaro L. Mejer

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, of statement of change is submitted for a corporation organized under the in order to change its registered office or registered agent, or	e laws of the State of Florida
1. The name of the corporation: Mejer Law, P.A.	
2. The principal office address: 2222 Ponce de Leon Blvc	I. PH
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/16/2011 Docum	ent number: P11000106434
5. The name and street address of the current registered agent and regis Florida Department of State: (If resigned, enter resigned)	stered office on file with the
Alvaro L. Mejer	SES A
2222 Ponce de Leon Blvd PH	FILET PALLAHASSE
Coral Gables, FL 33134	SEE PH 6 PH 6
6. The name and street address of the new registered agent (if changed (if changed):	13.6
Alvaro L. Mejer	P
201 Alhambra Cr Suite 504	
P.O. Box NOT acceptable Coral Gables, FL 33134	
The street address of its registered office and the street address of the as changed will be identical.	e business office of its registered agent,
Chan Or the Plu	WARD L. MEDEL
I hereby accept the appointment as registered agent and agree to ac I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obl- agent. Or, if this document is being filed merely to reflect a change hereby confirm that the corporation has been notified in writing of the	o the proper and complete leation of my position as registered
dund 8	13 3
Signature of Registered Agent If signing on behalf of an entity:	Date
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 * * *