

PI2000000157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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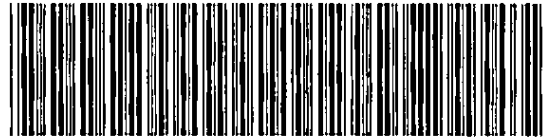
(Business Entity Name)

(Document Number)

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OCT 05 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TIBURCIO PROFESSIONAL GROUP CORP
Name of Corporation

DOCUMENT NUMBER: P12000000157

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:

JOSE WILLIAMS TIBURCI
Name of Contact Person

TIBURCIO PROFESSIONAL GROUP CORP
Firm/Company

2830 WINKLER AVE SUITE 104-A
Address

FORT MYERS, FL , 33916
City/State and Zip Code

JTIBURCIO@PEOPLEINSURANCEGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE WILLIAMS TIBURCIO at (786) 285-4858
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2018

JOSE WILLIAMS TIBURCIO
TIBURCIO PROFESSIONAL GROUP CORP
7951 RIVIERA BLVD - STE. 302
MIRAMAR, FL 33023

SUBJECT: TIBURCIO PROFESSIONAL GROUP CORP
Ref. Number: P12000000157

We have received your document for TIBURCIO PROFESSIONAL GROUP CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00020606

* Resubmitted A RA change
instead of AN Amendment
10/4/18
(13)

www.sunbiz.org

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TIBURCIO PROFESSIONAL GROUP CORP
2. The principal office address: 2830 WINKLER AVE SUITE 104-A, FORT MYERS, FL, 33916
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/03/2012 Document number: P1200000157
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)

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

2830 WINKLER AVE SUITE 104-A

FORT MYERS, FL, 33916

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.

Signature of an officer or 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

10-04-2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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