P12000001309

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: URIARTE LAW P.A. Name of Corporation |
| DOCUMENT NUMBER: _ P1200 00 0 7309 |
| 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: |
| Austrabro DRIARTE Name of Contact Person |
| UPIARTE LAW, P. A. Firm/Company |
| 8660 W. FLAGLER STREET, SUITE 120 |
| MIAMI FL 33144 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| ALEX at (305) 903 7252 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 Street Address: Amendment Section |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

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: WARTE LAW, DA. |
| 2. The principal office address: 8660 W- FIRELER STREET, SUITE 120 MIAMI, FL 33144 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 120/2012 Document number: P 1206000 7309 |
| 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) |
| ALEJANDRO ()RIAPTE |
| 5803 NW 151 STREET, SUITE 206 |
| MIAMI LAKES, FL 33014 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): AUTHORO DELARTE 8660 W FLAGUER STREET, SUITE 120 P.O. Box NOT acceptable MIRMI, FL. 23144 |
| ALEJANARO URIARTE |
| 8660 W FLAGUER STREET, SUITE 120 P.O. Box NOT acceptable |
| MIAMI, FL 33144 |
| 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 office National Authority 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 eprporation has been notified in writing of this change. Signature of Legistered Agent. |
| If signing on behalf of an entity: |
| AUXI AND OF 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 * * *