## P12000 30430

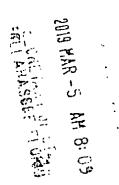
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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MAR 15 2019 C MCNAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

MIB MIR - 5 PM 8: 0.5

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: March 1, 2019

.Order#: 651083/020

Re: CRISTIANE CARVALHO, MD P.A.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		517.0502, 607.1508, or 617.1508, Flori n organized under the laws of the State	
		r registered agent, or both, in the State	
1. The name of	the corporation: CRISTIANE CAR	RVALHO, MD P.A.	
2. The principal	office address: 7900 SW 57th Av	venue, Suite 21, Miami, FL 33143	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification:03/29/201	Document number: P120	0000030430
5. The name and		stered agent and registered office on file	
	Cristiane O. Carvalho		201
	7900 SW 57th Avenue, Suite 21		
	Miami, FL 33143		
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered	office P. O.
	Corporation Service Company		بيني
	1201 Hays Street	·	
	Tallahassee	lox NOT acceptable	
	1919192266	FL 32301	<del></del>
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of	its registered agent,
Such change wa authorized by th	s authorized by resolution duly ac e board or the corporation has be	dopted by its board of directors or by a sen notified in writing of the change.	in officer so
	Mario	Cristiane Carvalho . President	
Signatur	e of an officer or director	Printed or typed name and	title
i juriner agree i performance of i agent. Or, if thi hereby confirm i	0 comply with the provisions of a my duties, and I am familiar with		on as registered
By:	mley	02/26/19	
Sign	miure of Registered Agent	Date	<del></del>
	nalf of an entity;		
<del></del>	Asst. Vice President		
Ly	ped 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 \* \* \*