## Placody3a97

(Re	equestor's Name)	-
(Ac	ddress)	
(Ad	ddress)	
(Cı	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



400300117264

08/12/17--01018--012 \*\*85.00

JUN 1 6 2017 S. YOUNG 17 Jan 17 Tribigh

## COVER LETTER -

TO: Amendment Section Division of Corporations
SUBJECT: The Corcilli Law Firm, P.A.
Name of Corporation
DOCUMENT NUMBER: P12000043297
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:
Mariano Ariel Corcilli, Esq.  Name of Contact Person
The Corcilli Law Firm Firm/Company
350 Lincoln Road, 2nd Floor Address
Miami Beach, Florida 33139  City/State and Zip Code
Mariano@CorcilliLaw.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mariano Ariel Corcilli, Esq. 786 529-8762
Mariano Ariel Corcilli, Esq. at (786) 529-8762  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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, 617.0 statement of change is submitted for a corporation org in order to change its registered office or regi	anized under the laws of the State of Florida	
1. The name of the corporation: The Corcilli Law	r Firm	
2. The principal office address: 350 Lincoln Road		
3. The mailing address (if different):	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorporation/qualification: May 10, 20	12 Document number: P12000043297	
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resig	<del>-</del>	
Mariano Ariel Corcilli, Esq.		
1688 Meridian Ave, 7th Floor		
Miami Beach, FL 33139		
6. The name and street address of the new registered ag (if changed):  Mariano Ariel Corcilli, Esq.	gent (if changed) and /or registered office	
350 Lincoln Road, 2nd Floor	OT acceptable	
Miami Beach, FL 33139	of acceptance	
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent.	
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been resolution of the board.	ed by its board of directors or by an officer so notified in writing of the change.  Mariano Ariel Corcilli, Esq.	
I hereby accept the appointment as registered agent of I further agree to comply with the provisions of all steperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rehereby confirm that the curroration has been notified	tutes relative to the proper and complete laccept the obligation of my position as registered effect a change in the registered office address, I lim writing of this change.  Mariano Ariel Corcilli, Esq.	
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 \* \* \*