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C. LEWIS

JUL 1 5 2013

EXAMINER

COVER LETTER

TO: An

Amendment Section Division of Corporations

SUBJECT: Ricardo Du Pond, P.A.

Name of Corporation

DOCUMENT NUMBER:

P12000068255

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:

Ricardo Du Pond

Name of Contact Person

Ricardo Du Pond, P.A.

Firm/Company

1492 South Miami Avenue

Address

Miami, Florida 33130

City/State and Zip Code

rdupond@cervera.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Du Pond

,,305 \,588

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

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

		617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of	
		or registered agent, or both, in the State of i	Florida.
1. The name of	the corporation: Ricardo Du	Pond	
2. The principa	office address: 1492 South	Miami Avenue, Miami, Flori	da 33130
-			
3. The mailing	address (if different): PO BOX	(010215 Miami, Florida 331	01
4. Date of incom	rporation/qualification: Aug 7,	2012 Document number: P120	00068255
	nd street address of the current regi artment of State: (If resigned, enter	istered agent and registered office on file w r resigned)	ith the
	Corporation Service (Company - Ann R. Shilling	_
	1201 Hays Street		
	Tallahassee, Fl. 3230)1	
6. The name an (if changed):		ered agent (if changed) and /or registered of	13 JUL 12
	Ricardo Du Pond		75 72
	1492 South Miami Av		AHO
		Box NOT acceptable	0
	Miami, Fl 33130		2
The street addras changed wil	ress of its registered office and the lbe identical.	e street address of the business office of it	ts registered agent,
Such change wanthorized by t	vas authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an been notified in writing of the change.	officer so
T		Ricardo Du Pond	
I hereby accep I further agree performance o agent. Or, if it hereby confirm	the appointment as registered as the appointment as registered as to comply with the provisions of f my duties, and I am familiar with his document is being filed merely a that the corporation has been no	Printed or Typed name and til gent and agree to act in this capacity, all statutes relative to the proper and con th and accept the obligation of my position of to reflect a change in the registered offic otified in writing of this change.	nplete n as registered
1		67 -08-2013	
	gnature of Registered Agent	Date	
II signing on be	ehalf of an entity:		
	Typed or Printed Name	_	
	* * * FILI	NG 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)