

P12000074249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

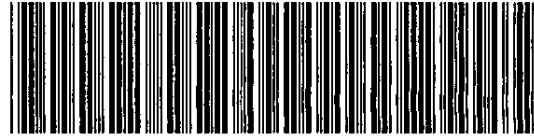
(Business Entity Name)

(Document Number)

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JUN 26 2017  
S. YOUNG

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TALLAHASSEE, FLORIDA



# **DOROT & BENSIMON PL**

## **ATTORNEYS AT LAW**

ESTATE PLANNING • INTERNATIONAL & DOMESTIC TAX • ASSET PROTECTION • TAX CONTROVERSY • PROBATE

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### **AVENTURA OFFICE**

20295 NE 29<sup>th</sup> Place, Suite 201  
Aventura, FL 33180  
(T) 305.921.9421  
(F) 305.395.3978

June 9, 2017

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

**RE: STATEMENT OF CHANGE OF REGISTERED AGENT ADDRESS FOR**  
**ORIGAMI CONSULTING, INC.**

Dear Sir or Madam:

The following entity needs to amend the address for the Company's registered agent:


ORIGAMI CONSULTING, INC., a Florida corporation Document Number  
P12000074249

Enclosed you will find the items needed to amend the company's Articles of Incorporation including;

1. Cover letter;
2. Statement Of Change Of Registered Office Or Registered Agent Or Both For Corporations; and
3. One check, ending in 2027 for \$35.00 to pay the filing fees for the above listed change.

Thank you in advance for your attention to this matter. If you have any questions regarding this letter and the enclosed documentation, please do not hesitate to contact me by telephone at (305) 921-9421.

Sincerely,  
DOROT & BENSIMON PL

  
Stacy A. Konstam, Esq.  
For the Firm

Enclosures// (3 pages excluding this page and 1 check)

**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: ORIGAMI CONSULTING, INC.  
2. The principal office address: 20295 NE 29th Place, Ste 201, Aventura, FL 33180

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/29/2012 Document number: P12000074249

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)

SHAPIRO, DAVID

20900 NE 30TH AVE., SUITE 816

AVENTURA, FL 33180

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

SHAPIRO, DAVID

20295 NE 29TH PLACE, SUITE 201

P.O. Box NOT acceptable

AVENTURA, FL 33180

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

DAVID SHAPIRO, PRESIDENT

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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

DAVID SHAPIRO

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