

P120000079763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

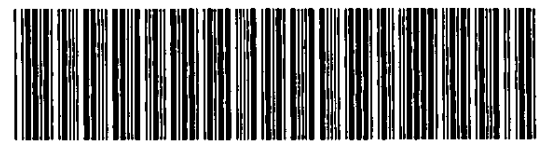
(Business Entity Name)

(Document Number)

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R.A/RD/chg
@ 8.12.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUISA NOVAS P.A.
Name of Corporation

DOCUMENT NUMBER: P12000079763

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:

LUISA NOVAS
Name of Contact Person

Firm/Company

7750 SW 117TH AVE SUITE 201

Address

MIAMI FLORIDA 33183

City/State and Zip Code

LNOVAS@DELTASURE.NET

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

For further information concerning this matter, please call:

LUISA NOVAS at 305 721-7619
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2013

8/7/2013

LUISA NOVAS
7750 SW 117TH AVE
STE. 201
MIAMI, FL 33183

SUBJECT: LUISA NOVAS, PA
Ref. Number: P12000079763

We have received your document for LUISA NOVAS, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albright
Regulatory Specialist II

Letter Number: 313A00015124

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DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

313A00015124

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: LUISA NOVAS P.A.
2. The principal office address: 7750 SW 117TH AVE SUITE 201F
MIAMI FLORIDA 33183
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/20/2012 Document number: P12000079763
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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FLORIDA 32301

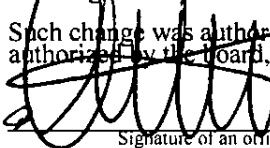
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LUISA NOVAS
7750 SW 117TH AVE SUITE 201
P.O. Box NOT acceptable
MIAMI FLORIDA 33183

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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

Luisa Novas

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

8/7/2012

Date

If signing on behalf of an entity:

Luisa Novas

Typed or Printed Name

*** FILING FEE: \$35.00 ***