P12000098905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARIEL JOSE RUIZ P.A
Name of Corporation

DOCUMENT NUMBER: P12000098905

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:

ARIEL JOSE RUIZ
Name of Contact Person

ARIEL JOSE RUIZ P.A
Firm/Company

6026 SW 191 AVE
Address

FORT LAUDERDALE, FL 33332
City/State and Zip Code

ARIEL RUIZ1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIEL RUIZ at (954) 5595412
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

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2013

ARIEL RUIZ
ARIEL JOSE RUIZ, PA
6026 SW 191 AVE
FORT LAUDERDALE, FL 33332

SUBJECT: ARIEL JOSE RUIZ, PA
Ref. Number: P12000098905

We have received your document for ARIEL JOSE RUIZ, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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 Albritton
Regulatory Specialist II

Letter Number: 913A00028006

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: Ariel Jose Ruiz P.A

2. The principal office address: 6026 SW 191 Ave
Fort Lauderdale, FL 33332

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/4/2012 Document number: P12000098905

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, FL 32301

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

Ariel Jose Ruiz
6026 SW 191 Ave
P.O. Box NOT acceptable
Fort Lauderdale, FL 33332

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.

_____ Ariel Ruiz Title D
Signature of an officer or director — 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.

_____ 12/18/2013
Signature of Registered Agent — Date

If signing on behalf of an entity:
Ariel Jose Ruiz
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