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SECRETARY OF STATE
TALLAHASSEE, FLORIC

C. GOLDEN NAY - 9 2018

COVER LETTER

Monique Martino at 305 4038804

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

For further information concerning this matter, please call:

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)

TO:

Amendment Section Division of Corporations

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

Pursuant to the provisions of sections 607.0502, 647.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Fl in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Jennifer Rosello Reyes D.P.M., P.A.
2. The principal office address: 1911 5w 84 Ct
Miami, FI 33155
3. The mailing address (if different):
21112
4. Date of incorporation/qualification: 2113 Document numbe: \$130000109a9
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)
The Medi-Law Firm
325 Almeria Ave
Coral Gables, F133134 篇章 =
335 Almeria Ave Coral Gables, F133134 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jennifer Reyes
Jennifer reves
1911 SW 84 CH
Miami, Fl 33155
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.
a Reyer Jennifer Reyes
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 4 27 18
If signing on behalf of an entity:
Jennifer Reyes Typed or Propied 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

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