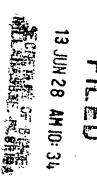
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



06/28/13--01019--020 **35.00



C. LEWIS

JUL 2 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mercedes M. Sellek, P.A.

Name of Corporation

DOCUMENT NUMBER: P13000019722

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:

Mercedes M. Sellek, Esq.

Name of Contact Person

Maspons, Sellek, Jacobs, LLLP

Firm/Company

2333 Ponce De Leon Blvd., #314

Address

Coral Gables, Florida 33134

City/State and Zip Code

msellek@maspons.com

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

For further information concerning this matter, please call:

Vanessa M. Collazo

, 786 539-1

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

| statement of cha | inge is submitted for a corporation or | 0502, 607.1508, or 617.1508, Florida Statut ganized under the laws of the State of Florid gistered agent, or both, in the State of Floria | ia | |
|------------------------------------|---|--|----------------|-----|
| 1. The name of t | the corporation: Mercedes M. Se | ellek, P.A. | | |
| 2. The principal | office address: 6921 S.W. 95th | n Avenue, Miami, Florida 33173 | | |
| 3. The mailing ac | ddress (if different): Same as ab | ove. | | |
| 4. Date of incorp | poration/qualification: 02/26/13 | Document number: P1300001 | 19722 | |
| 5. The name and | | ed agent and registered office on file with thigned) | e | |
| | Mercedes M. Sellek | | | |
| | 6921 S.W. 95th Avenue | | | |
| | Miami, Florida 33173 | | | |
| 6. The name and (if changed): | I street address of the new registered a | agent (if changed) and /or registered office | 13 JU | -11 |
| | Mercedes M. Sellek | | H 28 | |
| | 2333 Ponce De Leon Blvd | | 7 | M |
| | Coral Gables, Florida 3313 | NOT acceptable 34 (to be changed to.) | AM IO: 31 | ن |
| The street addre | ess of its registered office and the str be identical. | reet address of the business office of its regi | istered agent. | 1 |
| Such change wa authorized by th | is authorized by resolution duly adopte board, or the corporation has been | pted by its board of directors or by an office i notified in writing of the change. | er so | |
| Much | te of an officer or director | Mercedes M. Sellek, DPST | | |
| I hereby accept Ifurther agree t | the appointment as registered agent to comply with the provisions of all s | Printed or typed name and title t and agree to act in this capacity, statutes relative to the proper and complete and accept the obligation of my position as r reflect a change in the registered office add ed in writing of this change. | egistered | |
| White | IN WEST | 6/25/13 | | |
| If signing on bel | half of an entity: | Date | | |

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