

P13000022194

(Requestor's Name)

Ana Schmelz
12840 SW 83rd Ct
Miami, FL 33156-5925

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

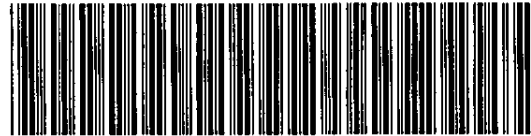
(Business Entity Name)

(Document Number)

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[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANA SCHMELZ PA
Name of Corporation

DOCUMENT NUMBER: P13000022194

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:

ANA SCHMELZ
Name of Contact Person

ANA SCHMELZ PA
Firm/Company

12840 SW 83 CT.
Address

pinecrest, FL. 33156
City/State and Zip Code

ANNA SCHMELZ@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA SCHMELZ at (305) 766-0615
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

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ANA SCHMELZ PA
2. The principal office address: 12840 SW 83 CT.
PINECREST, FL. 33156
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/8/2013 Document number: P13000022194

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):

ANA SCHMELZ, PA
12840 SW 83 CT.
P.O. Box NOT acceptable
PINECREST, FL. 33156

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.

ANA SCHMELZ, PA
Signature of an officer or director

ANA SCHMELZ, PA
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.

ANA SCHMELZ, PA
Signature of Registered Agent

11/20/2013
Date

If signing on behalf of an entity:

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