## P13000054325

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	<b>WAIT</b>	MAIL
(Bus	siness Entity Na	me) .
(Doc	cument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer: .	
		,

Office Use Only



800258173808

03/28/14--01005--006 \*\*35.00

14 Feb 28 SH 9-7

RARDICH8

## **COVER LETTER**

Division of Corporations		
SUBJECT: PATRICIA ARGÜE 10 PA Name of Corporation		
DOCUMENT NUMBER: P 13000056325		
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:		
PATRICIA ARGUELLO  Name of Contact Person		
Firm/Company		
9324 SW 151 AVE Address		
Miami, Fl. 33196 City/State and Zip Code		
PATRICIA REALTOR @ bellSouth. wet E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
PATRICIA Arguello at (305) 510-5659  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  Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PATRICIA ARGUELLO, PA
2. The principal office address: 9324 SW 151 Ave MIAMI, 74.3319
3. The mailing address (if different):
4. Date of incorporation/qualification: 7// / 3 Document number: P13000056323
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)
Opporation Service Company
1201 HAYS ST.
TALLAHASSEE, Fl. 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
PATRICIA ARGUELLO
9324 SW 151 Ave P.O. Box NOT acceptable
MIAMI, 7 33196
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.
Patricea Cerquiello 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.
Datricia Originales 3/25/14 Signature of Registered Agent
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
CR2E045 (03/12)