

P13 0000073716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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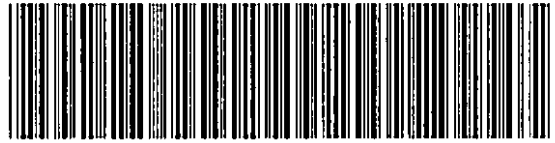
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
JANUARY 11 2021

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OCT 11 2021  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PASCALE DENIS P.A.  
Name of Corporation

DOCUMENT NUMBER: P13000073716

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:

ELISA PASCALE DENIS  
Name of Contact Person

PASCALE DENIS P.A.  
Firm/Company

7600 Southwest Avenue, Suite 307  
Address

SOUTH MIAMI FL 33143  
City/State and Zip Code

E-mail address: (pascale@aol.com)  
(to be used for future annual report notification)

For further information concerning this matter, please call:

ELISA PASCALE DENIS at (305) 632 8225  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: PASCALE DENIS P.A.
2. The principal office address: 7600 SW 57<sup>th</sup> Avenue, Suite 307  
South Miami, FL 33143
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/05/2012 Document number: P13000073716
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)

ELISA PASCALE DENIS  
1350 South Dixie Highway, 1306  
Miami, FL 33146

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

ELISA PASCALE DENIS  
7600 SW 57<sup>th</sup> Avenue Suite 307  
P.O. Box NOT acceptable  
South Miami, FL 33143

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TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of an officer or director

ELISA PASCALE DENIS  
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.

[Signature]  
Signature of Registered Agent

9/27/2021  
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  
CR2E045 (04/13)