P13000081620

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



400263492394

08/25/14--01003--017 **35.00

OF PASSIBLE OF CHEMICAL ATTOMS

14 AUG 25 PH 2: 50

C. LEWIS

AUG 27 2014

EXAMINER

COVER LETTER

TO: Amene Division	dment Section on of Corporations	
SUBJECT:	Manuel Barric Ruberte Name of Corp	bration
DOCUMENT	NUMBER: P 130000 8 10	670
The enclosed S	Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to	the following:
	Manuel Barrio De Name of Contact Name of Contact Parrio De Firm/Comp	Puborte, PA
	Address	3
	Windermere, FC City/State and 2	34 72 6 Sip Code
	E-mail address: (to be used for fut)	re annual report notification)
For further infe	formation concerning this matter, please call	:
	Name of Contact Person	at (32) 888-0509 Area Code & Daytime Telephone Number
Enclosed is a \$	\$35.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

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: Manuel Barrio Ruberte PA
2. The principal office address: 6846 Hochad Dr
Orlando, FL 32819
3. The mailing address (if different): Po Box 671
Windermere, FL 34786
4. Date of incorporation/qualification: 10/3/26/3 Document number: P1300081620
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
Corporation Service Company 1201 Hays Street
T. J. Lacons F1 37301 = 500
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Manuel Barrio Page
P.O. Box NOT acceptable
Oclando Fl 32819
,
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.
$M \rightarrow \mathbb{R}$
Signature of an officer or director 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.
August 22, 2014
O Date
If signing on behalf of an entity:
Typed or Printed Name

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