P1300009045B

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nai | me) |
| | | |
| (Do | ocument Number) | 1 |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ·· | | |

Office Use Only



900265701369

10/30/14--01012--007 **35.00

NOV 1 8 2014 T. CARTER

COVER LETTER

| TO: Amendment Division o | nt Section f Corporations | | |
|---|--|---|--|
| SUBJECT: | ROBERT HASSAU Name of Corpo | PA pration | |
| DOCUMENT NU | MBER: P13000090 | 158 | |
| The enclosed State | ement of Change of Registered Office/A | gent and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | | | |
| - | ROBERT HAS Name of Contac | SAU it Person | |
| | SAGGIO REAL | any | |
| - | 1201 BRICKED Address | C AUR SIE: 230 | |
| | MIAMIFL 3 City/State and 2 | 3/3/ Cip Code | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| ROBE | ert Hassau : | at (D86) 348 - 6086 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 | Division of Corporations | |
| | P.O. Box 6327 | Clifton Building | |
| | Tallahassee, FL 32314 | 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 FUD 2100 |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: ROBETT HASSAN, PA |
| 2. The principal office address: 550 BILTMORE WAY PHD A-13 |
| CORAL GABLES, FL 33134 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 11/05/13 Document number: P13000090 458 |
| 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 |
| TALLAHASER, FL 32301 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| ROBERT HASSAU = |
| 1201 BIZICKELL AUC STE: 230 P.O. Box NOT acceptable |
| MIAMI, FC 33/3/ |
| 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 of an officer or director 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. |
| 10/20/14 |
| Signature of Registered Agent Date Date Date |
| Typed or Printed Name |

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