

P14000005553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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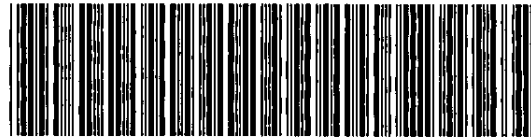
(Business Entity Name)

(Document Number)

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C. LEWIS  
JUL 21 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Juan Pablo Vazquez, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P14000005553

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:

Juan Pablo Vazquez

Name of Contact Person

Juan Pablo Vazquez, P.A.

Firm/Company

11605 SW 99th Court

Address

Miami, FL 33176

City/State and Zip Code

licenciadovazquez@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Pablo Vazquez

Name of Contact Person

at ( 305 ) 632-9305

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

- 1. The name of the corporation: Juan Pablo Vazquez, P.A
- 2. The principal office address: 11605 SW 99th Court  
Miami, FL 33176
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/17/2014 Document number: P14000005553
- 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

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
WASSERSTROM, BARRY  
5011 S. STATE ROAD 7 Suite 107  
P.O. Box NOT acceptable  
DAVIE, FL 33314

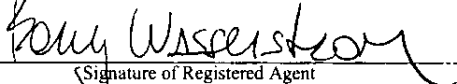
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 Juan Pablo Vazquez President  
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.*

 WASSERSTROM, BARRY  
Signature of Registered Agent Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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