PIHODOCOMAIS

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	*
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Alou Law, P.A. Name of Corporation				
Name of Corporation				
DOCUMENT NUMBER: P14000006918				
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:				
Jerry Sang				
Name of Contact Person				
Firm/Company				
50 NE 93rd Street				
Address				
Miami Shores, Florida 33138				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
·				
For further information concerning this matter, please call:				
Christia Alou Name of Contact Person Name of Contact Person at (305) 389-8401 Area Code & Davtime Telephone Number				
Name of Contact Person at () 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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of <mark>Florida</mark> er to change its registered office or registered agent, or both, in the State of Florida		
	the corporation: Alou Law, P.A.		
2. The principa	office address: 62 NE 93 Street Miany Shores	FL	3313
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: January 22, 2014 Document number: P14000006	918	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Harold E. Mathis, Jr. (resigned)		
	420 NE 90th Street		
	El Portal, Florida 33138	5103	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office		;
	Jerry Sang (changed)	:	7 ; .:
	50 NE 93rd Street	÷.	. л
	P.O. Box. NOT acceptable	č	
	Miami Shores, Florida 33138		
The street addr	ress of its registered office and the street address of the business office of its regis	tered	agent,
Such change was authorized by t	ras authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	' so	
000	Christia Alou, President		
I hereby accep I further agree performance o	It the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as realist document is being filed merely to reflect a change in the registered office addition the corporation has been notified in writing of this change.	gistere ress. I	ed
	03/08/18		
If signing on b	ehalf of an entity:		
 	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * *		

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314 CR2E015 (03/12)