

P140000 26569

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T. CARTER

PAIRO change

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VIVIAN TALARICO-GONZALEZ, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P14000026569

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:

VIVIAN TALARICO-GONZALEZ  
Name of Contact Person

VIVIAN TALARICO-GONZALEZ, PA  
Firm/Company

16565 NE 26 AVE. # 2H  
Address

NORTH MIAMI BEACH, FL 33160  
City/State and Zip Code

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

For further information concerning this matter, please call:

VIVIAN TALARICO-GONZALEZ at ( 305 ) 7254719  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED  
14 OCT 22 PM 09  
DIVISION OF CORPORATIONS  
TALLHASSEE, FLORIDA

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2014

VIVIAN TALARICO-GONZALEZ  
VIVIAN TALARICO-GONZALEZ, PA  
16565 NE 26 AVE., #2H  
NORTH MIAMI BEACH, FL 33160 US

SUBJECT: VIVIAN TALARICO-GONZALEZ, PA  
Ref. Number: P14000026569

We have received your document for VIVIAN TALARICO-GONZALEZ, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 114A00021792

**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: VIVIAN TALARICO-GONZALEZ, P.A.
2. The principal office address: 16565 NE 26 AVE. # 2H, NORTH MIAMI BEACH, FL 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/24/2014 Document number: P14000026569

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 St.

Tallahassee, FL 32301

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

VIVIAN TALARICO-GONZALEZ

16565 NE 26 AVE. #2H

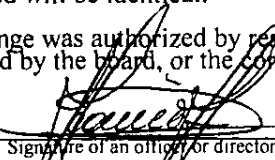
P.O. Box NOT acceptable

NORTH MIAMI BEACH, FL 33160

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 22 AM 7:31

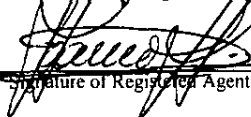
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Vivian Talarico-Gonzalez 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.*

  
Signature of Registered Agent

10/15/2014

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