PM000031283

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | ne) |
| (Do | ocument Number) | *** |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
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| | | |

Office Use Only



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SEP 1 1 2015

C. CARROTHERS

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Sebastian Ortega-Chuber PA

Name of Corporation

DOCUMENT NUMBER

P14000031283

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:

Sebastian Ortega

Name of Contact Person

Ortega Unlimited, LLC

Firm/Company

700 NE 90 ST

Address

MIAMI, FL 33138

City/State and Zip Code

SEBASTIAN@ORTEGAUNLIM.COM

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

For further information concerning this matter, please call:

SEBASTIAN ORTEGA

,,321

663-2884

Name of Contact Person

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 AGEN' $\ \ \$ BOTH FOR CORPORATIONS

| I. The name of | the corporation: SEBASTIAN ORTE | EGA-CHUBER PA | |
|---|--|---|--|
| 2. The principa | office address: 700 NE 90 ST, MIA | MI, FL 33138 | |
| 3. The mailing | address (if different): | | |
| 4. Date of inco | rporation/qualification: 04/07/2014 | Document number: P1400003 | 1283 |
| 5. The name a | nd street address of the current registered agrartment of State: (If resigned, enter resigned | _ | |
| | CORPORATION SERVICE C | COMPANY | |
| | 1201 HAYS ST | | |
| | TALLAHASSEE, FL 32301 | | .2 <u>►</u> |
| 5. The name a (if changed) | nd street address of the new registered agent: SEBASTIAN ORTEGA-CHUE | | CECRE ARY DESCRIPTION OF CREATER AND SECURITY OF CREAT |
| | 700 NE 90 ST | | 95 3 % 5 |
| | P.O. Box NOT as | eceptable | |
| The street add | ress of its registered office and the street ac | ddress of the business office of its regis | tered agent, |
| | was authorized by resolution duly adopted the board, or the corporation has been notif | | |
| S | 7707 | SEBASTIAN ORTEGA - D | |
| l hereby accep I further agree performance c agent. Or. if t | ture of an officer or director of the appointment as registered agent and of to comply with the provisions of all statut of my duties, and I am familiar with and acc of this document is being filed merely to reflec on that the corporation has been notified in | cept the obligation of my position as re ct a change in the registered office addi | gistered ress, I |
| 80 | de l'e | 09.04.2015 | |
| S | gnature of Registered Agent | Date | |
| | ehalf of an entity: | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)