

P140000038904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORMA ZETINA PA
Name of Corporation

DOCUMENT NUMBER: P14000038904

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:

NORMA ZETINA
Name of Contact Person

NORMA ZETINA PA
Firm/Company

197 NW 92 Avenue
Address

COPAL SPRINGS FL 33071
City/State and Zip Code

NORMAZETINA10@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMA ZETINA at (954) 605-5337
Name of Contact Person Area Code & Daytime Telephone Number

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

RECEIVED
JAN 26 PM 1:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

January 8, 2015

NORMA ZETINA
NORMA ZETINA, P.A.
197 NW 92 AVE
CORAL SPRINGS, FL 33071

SUBJECT: NORMA ZETINA, P.A.
Ref. Number: P14000038904

We have received your document for NORMA ZETINA, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 915A00000397

**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: NORMA ZETINA PA
2. The principal office address: 197 NW 92 Avenue
CORAL SPRING FL 33071
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/30/14 Document number: P14000038904

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):

NORMA ZETINA
197 NW 92 AVENUE
P.O. Box NOT acceptable
CORAL SPRING FL 33071

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TALLAHASSEE, FLORIDA

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.

Norma Zetina
Signature of an officer or director

NORMA ZETINA
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.

Norma Zetina
Signature of Registered Agent

2/2/2015
Date

If signing on behalf of an entity:

NORMA ZETINA PA
Typed or Printed Name

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