P14600050644

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COVER LETTER

Amendment Section **Division of Corporations** Antonio Baldo P.A Name of Corporation DOCUMENT NUMBER: 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: Antonio Baldo Name of Contact Person Antonio Baldo P.A Firm/Company 1200 West 21 Str Address Miami Beach FI 33140 City/State and Zip Code abaldosaval@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Antonio Baldo Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rockange its registered office or registered agent, or both, in the State of Florida.
1 The name of t	he corporation: Antonio Baldo P.A
2. The principal	office address: 1200 West 21 Str Miami Beach Fl 33140
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 06/10/2014 Document number: P14000050644
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	resigned
	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Antonio Baldo 등을 를 그
	1200 West 21 Str
	P.O. Box NOT acceptable Miami Beach FI 33140
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Hute	Antonio Baldo Director Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	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 The my duties, and I am familiar with and accept the obligation of my position as registered The is document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change.
Herris Sign	nature of Registered Agent 10/29/70/14 Date
If signing on be	half of an entity:
	yped or Printed Name

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

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