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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Law Office of Rania A. Soliman, P.A.

Name of Corporation

POCUMENT NUMBER, P14000068358

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:

Rania Soliman

Name of Contact Person

Law Office of Rania A. Soliman, P.A.

Firm/Company

415 Montgomery Road, Suite 141

Address

Altamonte Springs, FL 32714

City/State and Zip Code

ranias@solimanlaw.com

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

For further information concerning this matter, please call:

Rania Soliman

.407

637-5416

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 AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this enge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Law Office of Rania A. Soliman, P.A.
2. The principal 32714	office address: 415 Montgomery Road, Suite 141, Altamonte Springs, Florida
3. The mailing a	ddress (if different): Same as principal office
4. Date of incorp	poration/qualification: 08/15/2014 Document number: P14000068358
5. The name and	I street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)
	Rania A. Soliman
	37 N. Orange Avenue, Suite 500
	Orlando, Florida 32801
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office Rania A. Soliman
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	415 Montgomery Road, Suite 141 P.O. Box NOT acceptable
	Altamonte Springs, Florida 32714
The street addre	ess of its registered office and the street address of the business office of its gistered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Signatu	re of an officer or director Rania So liman Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th 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 my duties, and I am familiar with and accept the obligation of my position as registered 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.
Ola	nature of Registered Agent Pale
If signing on be	half of an entity:
т	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 * * *