

P14000090679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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T CANNON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2015

PATRICIA M. PEREZ  
PATRICIA M. PEREZ, P.A.  
8332 NW 115 CT  
DORAL, FL 33178 US

SUBJECT: PATRICIA M. PEREZ, PA  
Ref. Number: P14000090679

We have received your document for PATRICIA M. PEREZ, 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):

The registered agent must sign accepting the designation.

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 Cannon  
Regulatory Specialist II

Letter Number: 315A00010526

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PATRICIA M. PEREZ, P.A.  
Name of Corporation

P14000090679  
**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:

PATRICIA M. PEREZ

Name of Contact Person

PATRICIA M. PEREZ, P.A.

Firm/Company

8332 NW 115 CT

Address

DORAL, FL 33178

City/State and Zip Code

PATRICIAMK@LIVE.COM

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

For further information concerning this matter, please call:

PATRICIA M. PEREZ

786

3622398

Name of Contact Person

at ( )

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

**BOTH FOR CORPORATIONS**

uant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
ement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_  
in order to change its registered office or registered agent, or both, in the State of Florida.

**PATRICIA M. PEREZ, P.A.**

1. The name of the corporation: \_\_\_\_\_  
2. The principal office address: **8332 NW 115 CT DORAL, FL 33178**

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: **11/05/2014** Document number: **P14000090679**

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):

**PATRICIA M. PEREZ**

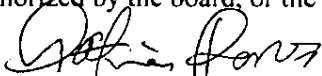
**8332 NW 115 CT DORAL, FL 33178**

P.O. Box NOT acceptable

FILED  
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TALLAHASSEE, FLORIDA  
15 JUN - 1 AM 10:57

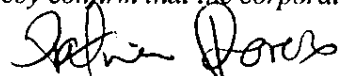
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

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

**PATRICIA M. PEREZ**  
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

**May 23 2015**  
Date

If signing on behalf of an entity:

**PATRICIA PEREZ**  
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  
CORP-15 (02/13)