

P14 DDD093481

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Valeria Mendes Casa, PA  
Name of Corporation

P14000093481  
**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:

Valéria Mendes Casal

Name of Contact Person

Valeria Mendes Casa, PA

Firm/Company

7521, Bounty Ave

Address

North Bay Village, FL 33141

City/State and Zip Code

valcasal@gmail.com

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

For further information concerning this matter, please call:

Valeria Mendes Casal

305 793-9487

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

**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: Valeria Mendes Casal, PA  
2. The principal office address: 7521, Bounty Ave - North Bay Village, FL 33141

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

4. Date of incorporation/qualification: 11/17/2014 Document number: P14000093481

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):

Valeria Mendes Casal

7521, Bounty Ave - North Bay Village, FL 33141

P.O. Box NOT acceptable

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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.

Valeria Mendes Casal (director)

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
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.*

Valeria Mendes Casal  
Signature of Registered Agent

05/13/2015

\_\_\_\_\_  
Date

If signing on behalf of an entity:

VALERIA MENDES CASAL, P.A.

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAILING ADDRESS: DIVISION OF CORPORATIONS, P.O. BOX 6000, TALLAHASSEE, FL 32314