## P15000000505

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## · COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Marta LORENZO, PA 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:				
Marta Lo Ranzo				
Marta Lorenzo, PA Firm/Company				
727 Faireray Dr Address				
Magazia Bas 1 7 221/11				
City/State and Zip Code  Realestate marta @ Yahoo com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (305) 807-4570  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



October 7, 2015

MARTA LORENZO MARTA LORENZO, PA 727 FAIRWAY DRIVE MIAMI BEACH, FL 33141

SUBJECT: MARTA LORENZO, PA

Ref. Number: P15000000505

We have received your document for MARTA LORENZO, 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):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 715A00019253

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

Pursuant to the provisions of sections 607.0502, 6. statement of change is submitted for a corporation		
in order to change its registered office or	registered agent, or both, in the	State of Florida.
1. The name of the corporation: \( \langle aeta	Fairway	A
2. The principal office address: 727	Fairway T	DR 33141
	Beach Fo	L <u> </u>
3. The mailing address (if different):		
4. Date of incorporation/qualification:	Document number:	P150000005
5. The name and street address of the current registress Florida  COCOTATION  Registered Agent and Registered Office shown of the current registress	tered agent and registered office  Selvice Component the records of the Florida Dept. of S	on file with the
	PL 32301	_ <del>5</del>
6. The na (if change Harta Lor.	enzo	fice 50/13
Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	IEW Registered Office address:	
727 Fairw	ay Drive	_ 5
NEW Registered Office Address:  The street	2 <u>/</u>	— its registered agent,
Suchehange	.FL 3314/	n officer so
Senature of an officer or director	Hacta Printed or typed	LOKENZO name and title
I hereby accept the appointment as registered age I further agree to comply with the provisions of a performance of my duties, and I am familiar with agent. Or, if this document is being filed merely hereby confirm that the corporation has been not Signature of Registered Agent	ent and agree to act in this cap all statutes relative to the proper and accept the obligation of m	acity. r and complete w position as registered
If signing on behalf of an entity:  Aark Loces U		
Typed or Printed Name		

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