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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Surrect. Carlos A Salazar, P.A.

Name of Corporation

DOCUMENT NUMBER, P15000018642

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:

Carlos A Salazar

Name of Contact Person

Carlos A Salazar, P.A.

Firm/Company

9108 Cove Point Cir

Address

Boynton Beach, FI 33472

City/State and Zip Code

carpusal@aol.com

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

For further information concerning this matter, please call:

Carlos A Salazar

561 .706

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

		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Carlos A Sa	ılazar, P.A.	
2. The principal	l office address: 9108 Cove I	Point Cir Boynton Beach, Fl 33472	
3. The mailing a	address (if different):		
4. Date of incor	rporation/qualification: Februa	ry 25,2015 Document number: P15000018642	
5. The name an		gistered agent and registered office on file with the	
	Corporation Service C	ompany (resigned)	
	1201 Hays Street		
	Tallahassee, Fl 32301		
6. The name and (if changed):		ered agent (if changed) and /or registered office	
	Carlos A Salazar		
	9108 Cove Point Cir		
	P.O. Box NOT acceptable Boynton Beach, FI 33472		
		he street address of the business office of its registered agent,	
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	ure of an all the director	Carlos A Salazar D	
I hereby accept	t the appointment as registered	agent and agree to act in this capacity. f all statutes relative to the proper and complete ith and accept the obligation of my position as registered ly to reflect a change in the registered office address, I notified in writing of this change.	
	- Mari	July 14,2015	
	gnature of Cerus ered Agent	Date	
نے	ehalf of an entity:		

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