P15000021498

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MA	AIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status _		
Special Instructions to Filing Officer:		

Office Use Only



300278511763

11/05/15--01008--010 **35.00

NOV - 5 2015 C LEVNIS

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: BERENS FERNANDEZ & ASSOCIATES, P.A.

Name of Corporation

DOCUMENT NUMBER P15000022498

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:

JACQUELINE BERENS, ESQ.

Name of Contact Person

BERENS FERNANDEZ & ASSOCIATES, P.A.

Firm/Company

2100 PONCE DE LEON BLVD. PH-2

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

berens@berensfernandez.com

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

For further information concerning this matter, please call:

JACQUELINE BERENS

,305 <u>,</u>720-4427

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State of Florida	
-	ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: BERENS FERNANDEZ & ASSOCIATES, P.A.	
	GABLES, FL 33134	
3. The mailing a	address (if different):	
4. Date of incor	proporation/qualification: 03/09/15 Document number: P15000022498	i
	artment of State: (If resigned, enter resigned)	
	Jacqueline D. Berens, Esq.	O
	5959 Collins Avenue, Unit 1506	NIST OF SECTION
	Miami Beach, FL 33140	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office :	Story Carriers
	Andres F. Fernandez, Esq.	1: 20
	2100 Ponce de Leon Blvd. PH-2	
	P.O. Box NOT acceptable	
	Coral Gables, FL 33134	
The street address changed will	ress of its registered office and the street address of the business office of its registered ll be identical.	agent,
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signani	Jacqueline Berens, V.P. Printed or typed name and title	
	I the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete if my duties, and I am familiar with and accept the obligation of my position as register. It is document is being filed merely to reflect a change in the registered office address, In that the corporation has been notified in writing of this change.	e d
Sig	ignature of Registered Agent Date	
If signing on be	ehalf of an entity:	
	Typed or Printed Name	

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