

P150000 30181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

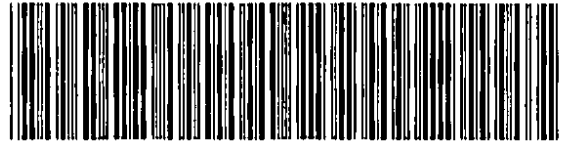
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900324267119

02/11/19--01030--007 **35.00

TALLAHASSEE, FLORIDA

2019 FEB 11 A 11:50

FILED

2/18/19G

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ava J Borrasso, P.A.

Name of Corporation

DOCUMENT NUMBER: P15000030181

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:

Ava Borrasso

Name of Contact Person

Ava J Borrasso, P.A.

Firm/Company

2800 Ponce de Leon Blvd., Suite 1400

Address

Coral Gables, FL 33134

City/State and Zip Code

ajb@ajborrassolaw.com

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

For further information concerning this matter, please call:

Ava Borrasso

786

8038911

at (_____) _____

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

FILED
2019 FEB 11 A 11:50
TALLAHASSEE, FLORIDA

**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: Ava J Borrasso, P.A.
2. The principal office address: 2800 Ponce de Leon Blvd., Suite 1400, Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/1/15 Document number: P15000030181
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)

Ava Borrasso

1 SE 3d Avenue, Suite 1200

Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ava Borrasso

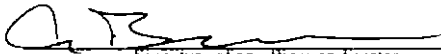
2800 Ponce de Leon Blvd., Suite 1400

P.O. Box NOT acceptable

Coral Gables, FL 33134

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.

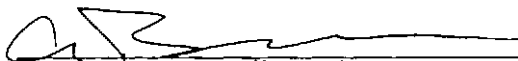


Signature of an officer or director

Ava Borrasso

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

2/7/19

Date

If signing on behalf of an entity:

Ava Borrasso

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
CR2E045 (03/12)