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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: EIRINI DANIELA MELANITI, PA

Name of Corporation

P1500037570

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:

EIRINI DANIELA MELANITI

Name of Contact Person

EIRINI DANIELA MELANITI, PA

Firm/Company

5651 NE 22ND WAY

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

TONYG.BUS@GMAIL.COM

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

For further information concerning this matter, please call:

EIRINI DANIELA MELANITI 786 212 0

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

statement of cha	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orgo	anized under the laws of the State of <u>F</u>	LORIDA
	r to change its registered office or regis	9	orida.
1. The name of t	the corporation: EIRINI DANIELA	MELANITI, PA	
2. The principal	office address: 5651 NE 22ND V	VAY, FORT LAUDERDALE,	FL 33308
3. The mailing a	address (if different): 5651 NE 22N	ID WAY, FORT LAUDERDA	LE, FL 33308
4. Date of incorp	poration/qualification: 04/24/2015	Document number: P15000	0037570
	d street address of the current registered rtment of State: (If resigned, enter resign	•	n the
	EIRINI DANIELA MELANITI	 	
	1600 NE 9TH ST, FORT LA	UDERDALE, FL 33304	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	16 0C7 1:
	EIRINI DANIELA MELANITI		# 7
	5651 NE 22ND WAY, FORT	· · · · · · · · · · · · · · · · · · ·	FH 9: 42
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an of otified in writing of the change.	ficer so
		EIRINI DANIELA MELANITI, F	PRESIDENT
2	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	Printed or typed name and title and agree to act in this capacity. Itutes relative to the proper and comp accept the obligation of my position of flect a change in the registered office in writing of this change.	lete as registered address, I
		10/14/2016	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
EIRINI DAN	NIELA MELANITI, PA		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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