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| (Re | questor's Name) | |
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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Jose M. Rodriguez, PA

Name of Corporation

DOCUMENT NUMBER: P150

P15000039712

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:

Jose M. Rodriguez

Name of Contact Person

Jose M. Rodriguez, PA

Firm/Company

7884 SW 162 Place

Address

Miami, FL 33193

City/State and Zip Code

Jose_M_Rodriguez@bellsouth.net

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

For further information concerning this matter, please call:

Jose M. Rodriguez

_.786 \527-146

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 char | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ng'e is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida. |
|---|---|
| 1. The name of the | he corporation: Jose M. Rodriguez, PA |
| 2. The principal of | office address: 7884 SW 162 Place, Miami, FL 33193 |
| 3. The mailing ac | ddress (if different): |
| 4. Date of incorp | poration/qualification: 5/1/2015 Document number: P15000039712 |
| | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) |
| | Corporation Service Company |
| _ | 1201 Hayes Street |
| | Talahassee, FL 32301 |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office |
| | Jose M. Rodriguez |
| | 7884 SW 162 Place P.O. Box NOT acceptable |
| | Miami, FL 33193 |
| The street address changed will | ss of its registered office and the street address of the business office of its registered agent, be identical. |
| | s authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change. |
| Figuatur | José M. RODRIGUEZ, PRESIDENT Printed or typed name and title |
| I hereby accept to I further agree to performance of agent. Or, if this hereby confirm to | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change. |
| Jui | Addition of Registered Agent Date |
| If signing on bel | half of an entity: |
| José / | M. Robricuez ped or Printed Name |

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