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## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
	Sandra Debuire, PA				
SUBJ	Name of Corporation				
	P15000047444				
DOCI	MENT NUMBER:				
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Sandra Debuire				
	Name of Contact Person				
Sandra Debuire, PA					
	Firm/Company				
7901 Hispanola ave. #1211					
	Address				
North Bay Village, FL 33141					
City/State and Zip Code					
sdebuirePA@gmail.com					
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:				
Sand	ra Debuire 305 898 5888				
*****	Name of Contact Person at () Area Code & Daytime Telephone Number				
Enclos	ed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section  Street Address: Amendment Section				
	Division of Corporations  Division of Corporations  Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle				
	Tallahassee, FL 32301				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	orovisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi to change its registered office or registe	ized under the laws of the State of	Florida
	Sandra Debuire, PA		
2. The principal 7901 Hispa	office address: anola ave. #1211 North Bay Vill	lage, FL 33141	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification:	Document number: P1500	00047444
	street address of the current registered ag tment of State: (If resigned, enter resigned CORPORATION SERVICE COM	d)	vith the
	1201 HAYS STREET		_
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	street address of the new registered agen	nt (if changed) and /or registered o	mice SAR
	SANDRA DEBUIRE P.A.		
	7901 HISPANOLA AVE. #1211		F 2: 0
	NORTH BAY VILLAGE, FL 3314	•	# <b>13</b>
The street addre	ss of its registered office and the street a be identical.	address of the business office of i	ts registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so
		Sandra Debuire, Director	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and comply with the provisions of all statumy duties, and I am familiar with and act document is being filed merely to reflected the corporation has been notified in	ites relative to the proper and concept the obligation of my position of any position of a change in the registered offi	mplete n as registered
		March 14th, 2016	
If signing on bel	nalf of an entity:	Date	
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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