

P15000059162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

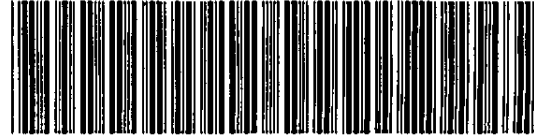
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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FEB 22 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAUL O KO EG UALE , PA
Name of Corporation

DOCUMENT NUMBER: P15000059162

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:

PAUL O KO EG UALE
Name of Contact Person

PAUL O KO EG UALE , PA
Firm/Company

1303 ST . TROPEZ CIRCLE , UNIT 1902
Address

WESTON , FL 33326
City/State and Zip Code

paulegual@ yahoo . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL O KO EG UALE at (773) 859-3865
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2016

PAUL OKOEGUALE
PAUL OKOEGUALE PA
1303 ST. TROPEZ CIRCLE - UNIT 1902
WESTON, FL 33326

SUBJECT: PAUL OKOEGUALE, PA
Ref. Number: P15000059162

We have received your document for PAUL OKOEGUALE, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent and location in the space provided in part 6 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 016A00002622

RECEIVED
16 FEB 22 PM 12:52

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PAULO KOEGUALE, PA

2. The principal office address: 1303 ST. TROPEZ CIRCLE, UNIT #1902, WESTON FL 33326

3. The mailing address (if different): _____

4. Date of incorporation/qualification: JULY 09, 2015 Document number: P15000059162

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

PAUL OKOEGUALE

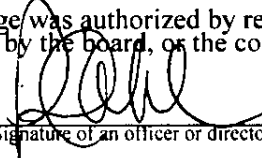
1303 ST. TROPEZ CIRCLE, UNIT #1902

P.O. Box NOT acceptable

WESTON, FL, 33326

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

PAULO KOEGUALE - PRINCIPLE

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

02-01-16

Date

If signing on behalf of an entity:

PAULO KOEGUALE

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