P15000059804

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	 e #)
		<u></u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100288389761

07/27/16--01016--015 **35.00

SECRETARY OF STATE

AUG 4 2018

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ESTHER SUMINTRA GHANY, P.A. Name of Corporation			
DOCUMENT NUMBER: 91500059804			
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:			
Name of Contact Person			
ESTHER SUMINTRA GHANY, P. A Firm/Company			
2780 N. UNINERSITY DR. Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person 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 Street Address: Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: USTHER SUGAINOTRA GHANY, 9.A.
2. The principal office address: 2780 N. UNINERSITY DR.
20RAL SPRINGS, 12. 33065 3. The mailing address (if different):
4. Date of incorporation/qualification: 7-13-15 Document number: P1500005981
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)
EORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, PL. 33301 E
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ESTHER S. GHANY 8. GHANY 8. GHANY
2780 N. UNINERSITY DR. P.O. Box NOT acceptable COPAL SPRINGS, 122.33065
COPAL SPRINGS, PL 33065
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 office for diffector Signature of an office for diffector Signature of an office for diffector Signature of an office for diffector diffector Signature of an office for diffector diffector difference of an office for difference of an
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 Date
If signing on behalf of an entity:
ESTHER S. GHANG

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 * * *