

P15000073439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

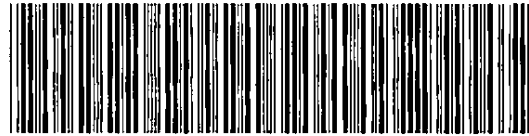
(Business Entity Name)

(Document Number)

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REGISTRATION DIVISION

RA Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alba C. Rojas
Name of Corporation

DOCUMENT NUMBER: P150000734739

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:

Alba C. Rojas
Name of Contact Person

Alba C. Rojas P.A.
Firm/Company

285 Otter Tail Ct.
Address

Ocoee, Florida 34761
City/State and Zip Code

albacristina7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alba C. Rojas at (407) 694-2570
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

17 JUN -7 AM 8:09
STATE DEPT OF CORP
DIVISION OF CORPORATIONS

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: Alba C. Rojas P.A.
2. The principal office address: 285 Otter Tail Ct.
Ocoee, Florida 34761
3. The mailing address (if different): 285 Otter Tail Ct.
Ocoee, Florida 34761
4. Date of incorporation/qualification: September 1, 2011 Document number: P15000073439
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):

Alba C. Rojas

285 Otter Tail Ct.

P.O. Box NOT acceptable

Ocoee, Florida 34761

17 JUN -7 AM 8:00
SECRETARY OF STATE

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.

Alba C. Rojas
Signature of an officer or director

Alba C. Rojas President
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.

Alba C. Rojas
Signature of Registered Agent

6/28/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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