PI-00000033

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TALLAHASSEE FLORIDA

DEC 31 2015
R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: St. N	Michael Group of Florida, Inc. Name of Corporation
DOCUMENT NUMBER: P1500	00080033
	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence con	c ¢
Manuel L.	Crespo, Esq. Name of Contact Person
	Name of Contact Person
Greenspoon	
	Firm/Company
600 Bricke	11 Avenue, 36th Floor
	Address
Miami, FL	33131
	City/State and Zip Code
	0 1
	espo@gmlaw.com (to be used for future annual report notification)
E man address.	(to be used for fatale unital report notification)
For further information concerning the	his matter, please call:
Manuel L. Crespo	son at (305) 546-3931 Area Code & Daytime Telephone Number
Name of Contact Pers	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made pay	able to the Department of State.
Mailing Ado Amendmen Division of P.O. Box 6: Tallahassee	T Section Amendment Section Corporations Division of Corporations Clifton Building
	Tallahassee, FL 32301

CR2E045 (03/12)

.'%;

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

statement of change	ge is submitted for a	607.0502, 617.0502, corporation organize	d under the la	tws of the State of	<u>Florida</u>	
	0 0	ed office or registere	•	•		
1. The name of the	corporation:	St. Michael	Group of	Florida, In	C•	
2. The principal of	fice address:	Creensmon Marc	der		iami, FL 33131	
3. The mailing add	lress (if different):					
4. Date of incorpor	ration/qualification:	0 9⊮28/2015	Document	number:	P15000080033	_
	treet address of the c nent of State: (If resig	urrent registered ager gned, enter resigned)	nt and register	ed office on file v	with the	
Manuel L.	Crespo, Esq.					
201 Alhamb	ora Circle, Sui	te 1205	·		15 DEC 28 SECRETARIASS	٦,
	es, FL 33134				28 HASS	
6. The name and st (if changed):		ew registered agent (i Crespo, Esq. n Marder	if changed) ar	nd /or registered o		
<u>60</u>	00 Brickell Ave	enue, 36th Floo			• ´	
im	Lami, FL 33131	P.O. Box NOT acce	eptable) -	
1	1	ce and the street add				
Such change was a authorized by the b	nuthorized by resolutionard, or the corpora	tion duly adopted by ation has been notified				
Signature	amofficer or director		MANUEL	L. CRESPO	2. A.	
I hereby accept the I further agreefed of performance dimy	e appointment as rescomply with the production of the production and I am factorised to the production of the production	gistered agent and ag visions of all statutes miliar with and acce led merely to reflect as been notified in wi	gree to act in relative to th pt the obligat a change in th riting of this o	this capacity, te proper and con ion of my position the registered offic change.	nplete n as registered ce address, I	
	×		\	2 23 2015		
Signate If signing on behal	te of Registered Agent f of an entity:	_		Date '	· - , -	
Manuel L Co	respo, Esq.					

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