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PICK-UP WAIT MAIL			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Virginia Perfan Garcia P.A.

Name of Corporation

DOCUMENT NUMBER: P15000096907

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:

...Virginia Perafan Garcia

Name of Contact Person

Virginia Perafan Garcia P.A.

Firm/Company

8700 SW 133 Ave.

Address

Miami, Florida 33183

City/State and Zip Code

VirginiaGarciaSold@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia Perafan Garcia

,305 \904-5530

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

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
	he corporation: Virginia Pera		
2. The principal office address: 8700 SW 133 Av. #206, Miami FL 3318			
3. The mailing a	ddress (if different): 8700 SW	133 Av. #206, Miami FL 33183	
4. Date of incorp	poration/qualification: 1/1/20	16	
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	
	Corporation Service Company		
	1201 Hays Street, Talla	hassee FL. 32301	
6. The name and (if changed):	_	ed agent (if changed) and /or registered office 6	
	8700 SW 133 Av. #206, Miami FL 33183 P.O. Box NOT acceptable		
The street addre	ess of its registered office and the	street address of the business office of its registered agent.	
		street address of the business office of its registered agent, dopted by its board of directors or by an officer so een notified in writing of the change.	
YVI Cá	ton	August 22, 2016	
I hereby accept I further agree i performance of	o comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
Sur	مس	August 22, 2016	
7	nature of Registered Agent	Date	
,	half of an entity:		
	rafan Garcia ped or Printed Name		

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