

PI6000001090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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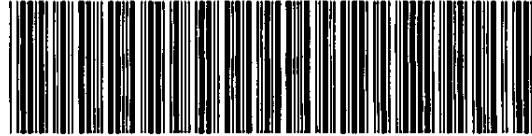
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2016 AUG 22 PM 3:45

AUG 31 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2016

ALEXANDER RAHE / ALEXANDER RAHE, PA  
821 MARIANA AVE.  
CORAL GABLES, FL 33134 US

SUBJECT: ALEXANDER RAHE, PA  
Ref. Number: P16000001090

We have received your document for ALEXANDER RAHE, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 316A00014331

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alexander Rahe, PA  
\_\_\_\_\_  
Name of Corporation

P16000001090  
**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Alexander Rahe  
\_\_\_\_\_  
Name of Contact Person  
Alexander Rahe, PA  
\_\_\_\_\_  
Firm/Company  
821 Mariana Ave  
\_\_\_\_\_  
Address  
Coral Gables, FL 33134  
\_\_\_\_\_  
City/State and Zip Code  
alexander.rahe@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Rahe                      305              319-9574  
\_\_\_\_\_  
Name of Contact Person                      at (              )              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**

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: Alexander Rahe, PA
2. The principal office address: 821 Mariana Ave. Coral Gables, FL 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/04/2016 Document number: P16000001090

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):

Alexander Rahe

821 Mariana Ave

P.O. Box NOT acceptable

Coral Gables, 33134

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DIVISION OF CORPORATION  
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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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)