## P16000009449

| (Requestor's Name)  |        |  |  |
|---|--------|--|--|
| (Address)   |        |  |  |
| (Address)   |        |  |  |
| (City/State/Zip/Phone #)  | 1      |  |  |
| PICK-UP WAIT  | MAIL   |  |  |
| (Business Entity Name)  |        |  |  |
| (Document Number)   |        |  |  |
| Certified Copies Certificates of  | Status |  |  |
| Special Instructions to Filing Officer:   |        |  |  |
|   |        |  |  |
|   |        |  |  |
| ·   |        |  |  |
| PICK-UP WAIT  (Business Entity Name)  (Document Number)  Certified Copies Certificates of | MAIL   |  |  |

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**C LEWIS** 

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: JOANNA GUZMAN, PA

Name of Corporation

DOCUMENT NUMBER:

16000009449

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:

**JOANNA GUZMAN** 

Name of Contact Person

JOANNA GUZMAN, PA

Firm/Company

**4023 TURQUOISE TR** 

Address

WESTON FL 33331

City/State and Zip Code

JOANNA@LUXOCASA.COM

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

For further information concerning this matter, please call:

**JOANNA GUZMAN** 

.,954

8166313

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  | 617.0502, 607.1508, or 617.1508, Florida Statut<br>on organized under the laws of the State of FL<br>or registered agent, or both, in the State of Floria   | <u> </u>                             |
|--------------------------------------|---|---|--------------------------------------|
|                                      | he corporation: JOANNA G  |   | <b></b>                              |
| 2. The principal                     | office address: 4023 TURQ   | UOISE TRAIL WESTON FL 33331   |                                      |
| 3. The mailing a                     | ddress (if different):  |   |                                      |
| 4. Date of incorp                    | poration/qualification: 1/27/16   | Document number: P1600000   | 9449                                 |
|                                      | I street address of the current reg<br>tment of State: (If resigned, ente | istered agent and registered office on file with the  |                                      |
|                                      | CORPORATION SERV  | VICE COMPANY  |                                      |
|                                      | 1201 HAYS STREET T  | FALLAHASSEE, FL 32301   | 2016 OC                              |
| 6. The name and (if changed):        | street address of the new registe   | ered agent (if changed) and /or registered office   | Merchinal of east and 2016 OCT -3 PM |
|                                      | JOANNA GUZMAN   |   | - A                                  |
|                                      |   | AIL WESTON FL 33331  Box NOT acceptable   | O,                                   |
| _                                    |   | ne street address of the business office of its regi  |                                      |
| Such change was<br>authorized by the | is authorized by resolution duly<br>be board, or the corporation has      | adopted by its board of directors or by an office been notified in writing of the change.   | er so                                |
| <i>j0.</i>                           | ANNA GUZMAN re of an officer or director                                  | JOANNA GUZMAN Printed or typed name and title   |                                      |
| I horohy accont                      | the appointment as registered a   | agent and agree to act in this capacity. If all statutes relative to the proper and complete th and accept the obligation of my position as rely to reflect a change in the registered office ada totified in writing of this change. | egistered<br>iress, I                |
|                                      | $\mathcal{A}$   | 9/23/16   |                                      |
|                                      | half of an entity:  | Date  |                                      |
|                                      | · ···· <del></del>  |   |                                      |
| T                                    | yped or Printed Name *** FIL.   | —<br>ING 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)