(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP WAIT MAIL , (Business Entity Name) (Document Number) Certified Copies Certificates of Status	900288634899 08/08/1601033024 **35.00
(City/State/Zip/Phone #)	
, (Business Entity Name) (Document Number)	SECRETA
(Document Number)	SECRETA
	SECRETA
Certified Copies Certificates of Status	ALL
	m - m
Special Instructions to Filing Officer:	E FLORIDA
Office Use Only	

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

# ELISET HERNANDEZ, PA

Name of Corporation

#### P16000012954 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:

#### ELISET HERNANDEZ

Name of Contact Person

ELISET HERNANDEZ, PA

Firm/Company

14711 SW 128 AVENUE

Address

MIAMI, FL 33186

City/State and Zip Code

# LIZYHERN143@GMAIL.COM

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

For further information concerning this matter, please call:

ELISET HERNANDEZ	786	366-3555
	at (	)
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

CR2E045 (03/12)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2016

ELISET HERNANDEZ 14711 SW 128 AVE MIAMI, FL 33186

SUBJECT: ELISET HERNANDEZ, P.A. Ref. Number: P16000012954

We have received your document for ELISET HERNANDEZ, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 416A00017448

Division of Cornerations - P.O. BOX 6397 Tallahassee Florida 29214

### 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: ELISET HERNANDEZ, PA

2. The principal office address: 14711 SW 128 AVENUE MIAMI, FL 33186

4. Date of incorporation/qualification: 2/816 Document number: P16000012954

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, FI 32301

6.	The name and street address of the new registered agent (if changed) and /or registered office	э <del>Г</del>	Ĩ
	(if changed):	•	• :•

Eliset Hernandez

14711 SW 128 Avenue

P.O. Box NOT acceptable

Miami, FI 33186

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.

Eliset Hernand nted or typed name and this OI MIC

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 mercly to reflect a change in the registered office address. I hereby confirm that the dorporation has been notified in writing of this change.

enature of Registered Agelit

AUG 24 AM 10:

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. BON 6327, TALLAHASSEE, FL 32314 (R2E045 (03/12)