## P16000016167

(Re	questor's Name)			
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PICK-UP	MAIT	MAIL		
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Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer			
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Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
CTIDI	ECT:			
SUBJ	Name of Corp	poration		
DOCI	P16000016167 UMENT NUMBER:			
The er	nclosed Statement of Change of Registered Office/A	agent and fee are submitted for filing.		
Please	e return all correspondence concerning this matter to	the following:		
	Amelia Real			
	Name of Conta	ct Person		
	AMELIA REAL, P.A.			
Firm/Company				
	6301 Collins Ave, Suite 1006			
	Addres	S		
	Miami Beach, FL 33141			
	City/State and 2	Zip Code		
	ameliareal@outlook.com			
	E-mail address: (to be used for futu	re annual report notification)		
For fu	orther information concerning this matter, please cal	l:		
Ame	elia Real	at (		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclos	sed is a \$35.00 check made payable to the Departme	ent of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	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 organi	2, 607.1508, or 617.1508, Florida Statutes, th ized under the laws of the State of <mark>Florida</mark> red agent, or both, in the State of Florida.	is ——
1. The name of t	he corporation: AMELIA REAL, P.A.		
2. The principal	office address: 6301 Collins Ave, Su	ite 1006	
	ich, FL 33141		
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: 02/18/2016 Document number: P1600001			
	street address of the current registered ag trment of State: (If resigned, enter resigned	<b>-</b>	
	CORPORATION SERVICE COM	IPANY	
	1201 Hays Street		20
	Tallahassee, FL 32301		2016 NOV
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			<u>-</u>
	Amelia Real		AH 9:
	6301 Collins Ave, Suite 1006		¥ 22
	P.O. Box NOT	acceptable	. •
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered	d agent,
Such change was authorized by the	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Signatu	re of an officer or director	Amelia Real, President Printed or typed name and title	•
I further agree to verformance of	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in	l agree to act in this capacity. tes relative to the proper and complete cept the obligation of my position as registe ct a change in the registered office address, writing of this change.	red I
Asion	nature of Registered Agent	10/19/2016	
	half of an entity:	WIV	
Amelia Real	•		
T	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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