

P16000019077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

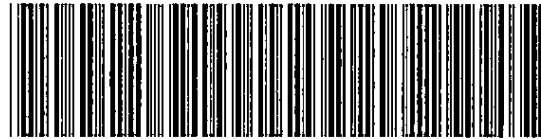
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TALLAHASSEE, FL 32311

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UZQUIANO LAW GROUP, PA
Name of Corporation

DOCUMENT NUMBER: P16000019077

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:

MARJORIE UZQUIANO

Name of Contact Person

UZQUIANO LAW GROUP, PA

Firm/Company

7925 NW 12 STREET, SUITE 229

Address

DORAL, FL 33126

City/State and Zip Code

UZQUIANOLAWGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

MARJORIE UZQUIANO

Name of Contact Person

at (305) 4410240

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: UZQUIANO LAW GROUP, PA
2. The principal office address: 7925 NW 12 STREET, SUITE 229, DORAL FL 33126

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/26/2016 Document number: P16000019077

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)

MARJORIE UZQUIANO

8660 WEST FLAGLER STREET, SUITE 121

MIAMI, FL 33144

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARJORIE UZQUIANO

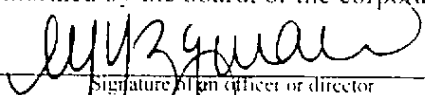
7925 NW 12 STREET, SUITE 229

P.O. Box NOT acceptable

DORAL, FL 33126

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

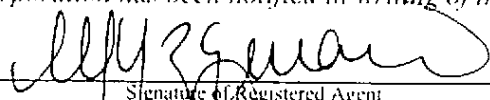
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

MARJORIE UZQUIANO

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

11/15/2021

Date

If signing on behalf of an entity:

MARJORIE UZQUIANO

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 (04/13)

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