

PI60000039525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

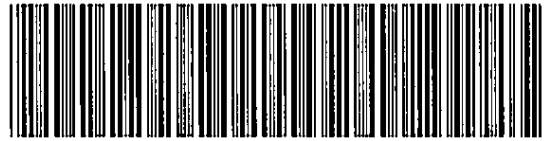
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TO: Amendment Section
Division of Corporations

SUBJECT: BERTHA M OLAZABAL, MD PA
Name of Corporation

DOCUMENT NUMBER: P 16000039525

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:

BERTHA OLAZABAL MD
Name of Contact Person

BERTHA M OLAZABAL MD PA
Firm/Company

5803 NW 151 STREET Suite 107
Address

MIAMI LAKES, FL 33014
City/State and Zip Code

BOLAZABAL MD @HOTMAIL.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERTHA OLAZABAL MD at (305), 557-2885
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

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: BERTHA M OLAZABAL M.D. P.A.
 2. The principal office address: 5803 NW 151 STREET Suite 107
MIAMI LAKES, FL 33014
 3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 5/1/2016 Document number: PI6000039525

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)

BERTHA OLAZABAL MD PA
1435 W 49 PLACE Suite 301
HALEAH, FL 33012

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

BERTHA OLAZABAL MD PA
5803 NW 151 STREET Suite 107
P.O. Box NOT acceptable
MIAMI LAKES, FL 33014

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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.

B Olazabal
 Signature of an officer or director

BERTHA OLAZABAL MD/PRESIDENT
 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.

B Olazabal
 Signature of Registered Agent

5/31/19
 Date

If signing on behalf of an entity:

BERTHA OLAZABAL MD PA
 Typed or Printed Name

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