

P16 0000051249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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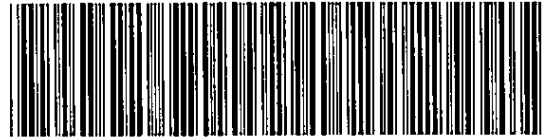
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIREN AMAIA SAHONERO PA
Name of Corporation

DOCUMENT NUMBER: P16000051249

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:

Miren Amaia Sahonero
Name of Contact Person
Miren Amaia Sahonero PA
Firm/Company
1425 SW 109th Way
Address
Davie, FL 33324
City/State and Zip Code

sahonero.amaia@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miren Amaia Sahonero at (954) 562-6414
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
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: MIREN AMAIA SAHONERO PA
2. The principal office address: 1425 SW 109th WAY, DAVIE FL 33324
3. The mailing address (if different): PO BOX 268088
4. Date of incorporation/qualification: 06/10/2016 Document number: P16000051249
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)

Sahonero, Miren A

16401 Turquoise Trail

Weston Fl. 33531

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

Sahonero, Miren A

1425 SW 109th Way

P.O. Box NOT acceptable

Davie FL 33324

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

MIREN AMAIA SAHONERO
Printed or typed name and title

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:

10/21/2022
Date

Date _____

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. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 04/13/

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JACKSONVILLE, FLORIDA