

P16000054240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

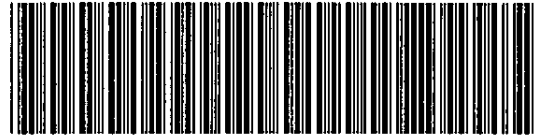
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2016 AUG 10 AM 9:28

AUG 22 2016
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Law Offices of Paul Agbeyegbe
Name of Corporation

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:

Paul Agbeyegbe
Name of Contact Person

Law Offices of Paul Agbeyegbe
Firm/Company

19084 NE 29th Ave Ste 700 101
Address

Aventura, FL 33180
City/State and Zip Code

paul@agbeyegbelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Agbeyegbe at (786) 708-7349
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)

Both mailing and street addresses are
being changed.

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: Law Offices of Paul Agbeyegbe, P.A.
2. The principal office address: _____
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/15/16 Document number: P16 000054242

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)

Paul Agbeyegbe
19084 NE 29th Ave Ste 101
Aventura, FL 33180

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

Paul Agbeyegbe
18851 NE 29th Ave Ste 700 PMB 331
Aventura, FL 33180

P.O. Box NOT acceptable

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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.

Paul Agbeyegbe
Signature of an officer or director

Paul Agbeyegbe, 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.

Paul Agbeyegbe
Signature of Registered Agent

8/17/16
Date

If signing on behalf of an entity:

Paul Agbeyegbe
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