P1600058097

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

то:	Amendment Section Division of Corporations	•
SUBJ	ECT: Palma Legal Services, P.A.	
Name	of Corporation	
DOC	UMENT NUMBER: P16000058097	
The en	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Alan F	Palma, Esq.	
	of Contact Person	
Palma	Legal Services, P.A.	
Firm/(Company	
1680 N	Michigan Avenue, Suite 700	
Addre	ss	 ,
Miami	Beach, FL 33139	
City/S	tate and Zip Code	
	apumlaw@gmail.com	
E-mai	il address: (to be used for future annua	I report notification)
For fu	rther information concerning this matter, [please call:
Alan P	alma, Esq.	ot (305 \ \906-1930
	Name of Contact Person	at (305)906-1930 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes or organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	, thîs	
	the corporation: Palma Legal Service			
2. The principa	al office address: 1680 Michigan Ave	nue, Suite 700, Miami Beach, FL 33139		
3. The mailing	address (if different):			
4. Date of inco	Document number: P16000058097			
5. The name ar		tered agent and registered office on file with the		
	Alan Palma			
	1815 Purdy Avenue		20 20 F	NOISIAL Manac
	Miami Beach, FL 33139		1020 FEB 2	OH OF
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):			7 PM 3:	CCRPOKS CT OF ST
	Alan Palma		ယ္မ	
	1680 Michigan Avenue, Suite 700			•
P.O. Box NOT acceptable				
	Miami Beach, FL 33139			
The street addras changed wil	ress of its registered office and the l be identical.	street address of the business office of its registe	ered ag	gent,
Such change wanthorized by	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	so	
\subseteq	H 1	Alan Palma, Director		
_	ure 8#an officer or director	Printed or typed name and title		
document is be	t the appointment as registered ay to comply with the provisions of a nd I am familiar with and accept thing filed merely to reflect a changes been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete po he obligation of my position as registered agent, e in the registered office address, I hereby confi hange.	erform Or ij rm tha	ance (this t the
		2/24/20		
Si	gnature of Registered Agent	Date		_
If signing on b	chalf of an entity:			
Alan Palma				
	Typed or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE