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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Manuel Abreu MD PA  
Name of Corporation

DOCUMENT NUMBER: PI6 0000 88634

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:

Janet Muniz  
Name of Contact Person

Manuel Abreu MD PA  
Firm/Company

3472 Forest Hill Blvd. #3B  
Address

WEST PALM BEACH, FL 33406  
City/State and Zip Code

manue labreumnd1993@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Muniz at ( 561 ) 674-4868  
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: Manuel Abreu MD PA
- 2. The principal office address: 3472 Forrest Hill Blvd. Suite 3B  
West Palm Beach, FL 33406
- 3. The mailing address (if different): P.O. BOX 7831  
Delray Beach, FL 33482
- 4. Date of incorporation/qualification: 11/2/2016 Document number: P16000088634
- 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)

Abreu, MANUEL  
15907 FORSYTHIA CIR  
Delray Beach, FL 33484

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

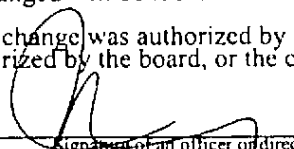
Abreu, Manuel  
3472 Forest Hill Blvd., Suite  
West Palm Beach, FL 33406

P.O. Box NOT acceptable

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 TALLAHASSEE, FLORIDA

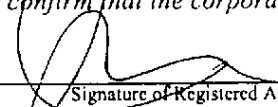
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Manuel Abreu  
 \_\_\_\_\_  
 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

5/08/2018  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
 Typed or Printed Name

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