

P170000 54040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

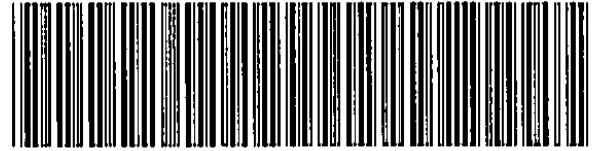
(Document Number)

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05/12/20--01010--012 **10.00

03/30/20--01010--014 **25.00

2020 APR 27 P 4:25

FILED

RA
CH

04/29/20
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 27 PM 12:20

April 14, 2020

LAUREN LESSA
LAUREN LESSA, P.A.
10832 NW 27 ST. #2-B
DORAL, FL 33172

SUBJECT: LAUREN LESSA, P.A.
Ref. Number: P17000054040

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A P.A. IS A CORPORATION. IF YOU WANT TO CONVERT TO AN LLC, PLEASE COMPLETE THE FORM ATTACHED WITH APPROPRIATE FEES. FOR ASSISTANCE, PLEASE CALL 850-245-6052. OTHERWISE, COMPLETE THE ATTACHED REGISTERED AGENT FORM FOR A CORPORATION WITH AN ADDITIONAL FEE OF \$10.00 TO FILE THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 220A00007886

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAUREN LESSA, P.A.
Name of Corporation

DOCUMENT NUMBER: P170000054040

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:

LAUREN LESSA
Name of Contact Person

LAUREN LESSA, P.A.
Firm/Company

10832 NW 27 ST. #26
Address

DORAL, FL. 33172
City/State and Zip Code

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

For further information concerning this matter, please call:

LAUREN LESSA at (781) 294-3109
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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAUREN LESSA, P.A.
2. The principal office address: 10832 NW 27 ST. #26
DORAL, FL. 33172
3. The mailing address (if different): (SAME)
4. Date of incorporation/qualification: 0-21-17 Document number: P1700000540410
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)

LAUREN LESSA
1418 NW 82nd AVE.
MIAMI, FL. 33126

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

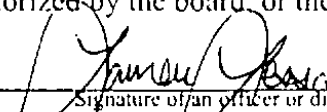
LAUREN LESSA
10832 NW 27 ST. #26
P.O. Box NOT acceptable
DORAL, FL. 33172

2020 APR 27 P 4:25

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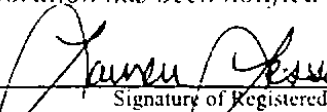
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

LAUREN LESSA, 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.


Signature of Registered Agent

4-22-20
Date

If signing on behalf of an entity:

LAUREN LESSA
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
CR2E045 (04/13)