P170000 86756

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jeffrey Law, PA
Name of Corporation
DOCUMENT NUMBER: P17000086756
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:
Robert Jeffrey Name of Contact Person
Jeffrey Law, PA
150 SE 2nd Ave, Suite 1010
Miami, FL 33131 City/State and Zip Code
Robert@rsjlegal.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Jeffrey Name of Contact Person Area Code & Daytime Telephone Number
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

statement of cha	provisions of sections 607,0 inge is submitted for a corport or to change its registered of	oration org <mark>anized</mark>	under the laws of the .	State of Florida	, this 	,
1. The name of	the corporation: Jeffrey L	aw, PA			_	
2. The principal Miami, F	office address: 150 SE 2	2nd Ave, Sui	te 1010			
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 10/2	26/17	_ Document number: _	P17000086	756	
	d street address of the currer rtment of State: (If resigned,		and registered office of	on file with the	2019	
	JEFFREY, ROBEF	RTS		ALL/	2019 MAY 30	
	255 ARAGON AVENUE, SECOND FLOOR					
	CORAL GABLES,	FL 33134			9ħ:ħ ₩d	
6. The name and (if changed):	d street address of the new re	egistered agent (if	changed) and /or regi	Stered office	9 1 :	
	JEFFREY, ROBER	RTS	<u> </u>			
	150 SE 2nd Ave, S			 _		
	Miami, FL 33131	P.O. Box NOT accep	table			
The street address changed will	ess of its registered office a be identical.	nd the street addr	ess of the business of	fice of its regist	ered ago	ent,
Such change wa	as authorized by resolution ne board, or the corporation	duly adopted by i	ts board of directors of	or by an officer:		
Signatu	are it an afficer of thrector		Robert Jo		Prasi	ident
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registe to comply with the provisio my duties, and I am familia is document is being filed to that the corporation has be	red agent and ag ns of all statutes ar with and accep nerely to reflect a gen notified in wr	relative to the proper t the obligation of my change in the registo ting of this change.	icity. and complete position as reg ered office addre	istered 288, I	
Kali	of you		5/28/19			_
	thalf of an entity:		Date			
· · ·	Law, PA yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314 CR2E045 (03/12)

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