P18000001360

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to I	Filing Officer:	
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BA Change

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ARGENIS SAMUEL GALEZ, F Name of Corporation	P.A				
DOCUMENT NUMBER: P18000001360		<u> </u>			
The enclosed Statement of Change of Registered Of	fice/Agent and fee	are submitted for f	iling.		
Please return all correspondence concerning this mat	tter to the followir	ng:			
Sydney Grice					
Name of Contact Person	-				
Anderson Business Advisors Firm/Company					
3225 McLeod Dr Address					
Las Vegas, NV 89121 City/State and Zip Code			2.50 10.33 10.33	2022 OCT 17	
ra@andersonadvisors.co	am			8	
<u>ra@andersonadvisors.co</u> E-mail address: (to be used for future annual rep	ort notification)				i processor Lineares
			<i>`</i> 2		1.24.4 g
For further information concerning this matter, pleas	se call:		역설 ************************************	PH 3:	U
Sydney Grice	at (800) 706-4741	171	£-	
Name of Contact Person	Area Co	de & Daytime Telep	ohone N	umber	_

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

CR2E045 (04/13)

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: ARGENIS SAMUEL GALEZ, P.A.
2. The principal office address: 3225 McLeod Dr, Suite 100, Las Vegas NV 89121
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/04/2018 Document number: P18000001360
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)
GALEZ, ARGENIS S
_1853_SW 23RD ST
MIAMI, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed): Anderson Registered Agents, Inc.
Anderson Registered Agents, Inc.
625 F. Twiggs Street, Suite 110 P.O. Box NOT acceptable
Tampa, FL 33602
The street address of its registered office and the street address of the business office of its registered agen 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 temporation has been notified in writing of the change. Departy signed by ARGENIS GALEZ ON CONTARGENIS GALEZ, DOIL ARGENIS GALEZ ON CONTARGENIS GALEZ, DOIL ARGENIS GALEZ, President
ARGENIS GALEZ ON CHARGENIS CALEZ, O. OL. ONLY OF THE PROPERTY
Signature of an officer or director 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 performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the 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.
A. T. Mathis Digitally signed by A. T. Mathis, q. Du Digitally signed by A. T. Mathis, q. Du Digitally signed by A. T. Mathis, q. Du Digitally 2022 00 (9) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0
Signature of Registered Agent Date
If signing on behalf of an entity:
A. T. Mathis, President
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)