

P18000023391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

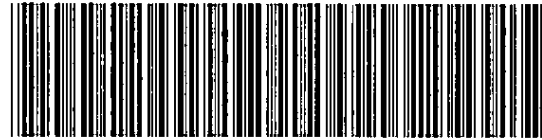
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RUTH MARIA ROMERO PA
Name of Corporation

DOCUMENT NUMBER: P18000023391

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:

RUTH M ROMERO

Name of Contact Person

N/A

Firm/Company

1399 OLYMPIC CLUB BLVD

Address

CHAMPIONSGATE FLORIDA 33896

City/State and Zip Code

RUTHRO809@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH M ROMERO

Name of Contact Person

at (954)

687-7155

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

**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: RUTH MARIA ROMERO PA
2. The principal office address: 1399 OLYMPIC CLUB BLVD
CHAMPIONS GATE, FL 33896
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 03/09/2018 Document number: P18000023391
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)

FAIL SAFE ACCOUNTING LLC

20 S ROSE AVE STE 4

KISSIMMEE FL 34741

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

RUTH M ROMERO


1399 OLYMPIC CLUB BLVD

P.O. Box NOT acceptable

CHAMPIONS GATE, FL 33896

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

RUTH M ROMERO

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

06/03/2022

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FL

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