

P180000 31748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

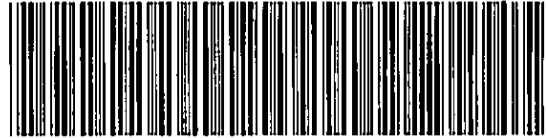
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANDREA X VILLARREAL ESCOBAR P. A.

Name of Corporation

DOCUMENT NUMBER: P18000031748

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:

ANDREA XIMENA VILLARREAL

Name of Contact Person

ANDREA X VILLARREAL ESCOBAR P. A.

Firm/Company

5344 NW 190th Street

Address

Miami , FL 33055

City/State and Zip Code

ximenavillarreal@gmail.com

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

For further information concerning this matter, please call:

ANDREA XIMENA VILLARREAL

at (**786**) **2088785**

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: ANDREA X VILLARREAL ESCOBAR P. A.
2. The principal office address: 1911 NW 150TH AVE #102 PEMBROKE PINES, FL 33028
3. The mailing address (if different): 5344 NW 190TH ST MIAMI, FL 33055

4. Date of incorporation/qualification: 04/03/2018 Document number: P18000031748

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)

THE TAX TEAM INC 7890 WEST FLAGLER ST MIAMI, FL 33144

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

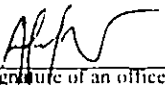
ANDREA X VILLARREAL ESCOBAR P. A.

1911 NW 150TH AVE #102 PEMBROKE PINES, FL 33028

P.O. Box NOT acceptable

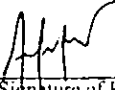
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Andrea X Villarreal Escobar - 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

10/31/2019

Date

If signing on behalf of an entity:

Andrea X Villarreal Escobar
Typed or Printed Name

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