

P18000033298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

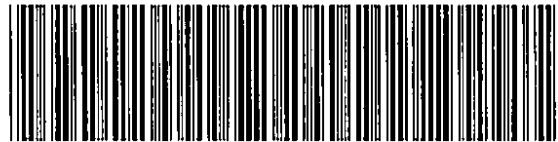
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CLERK OF SUPERIOR COURT
COURT OF APPEALS
COURT OF COMMON PLEAS
COURT OF PROBATE

2018 OCT 15 AM 10:29

RA Chang

DEC 13 2018

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

Mirian Ramirez, PA

SUBJECT: _____
Name of Corporation

P18000033298

DOCUMENT NUMBER: _____

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:

Mirian S Ramirez Chavez

Name of Contact Person

Mirian Ramirez, PA

Firm/Company

16908 NW 19 ST

Address

Pembroke Pines, FL 33028

City/State and Zip Code

mirianramirezrealtor@yahoo.com

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

For further information concerning this matter, please call:

Mirian S Ramirez Chavez

617

359-8026

at (_____) _____

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

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS
18 DEC 12 PM 4:17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2018

MIRIAN S RAMIREZ CHAVEZ
MIRIAN RAMIREZ PA
16908 NW 19 ST
PEMBROKE PINES, FL 33028

SUBJECT: MIRIAN RAMIREZ, PA
Ref. Number: P18000033298

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

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

The filing fee is a total of \$35.00. We will need an additional \$10.00.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 818A00022004

RECEIVED
2018 DEC 12 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of the corporation: Mirian Ramirez, PA
2. The principal office address: 16908 NW 19 ST, Pembroke Pines 33028

3. The mailing address (if different): _____

4. Date of incorporation/qualification: April 8, 2018 Document number: P18000033298

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)

Mirian Ramirez
16908 NW 19 ST
Pembroke Pines, FL 33028

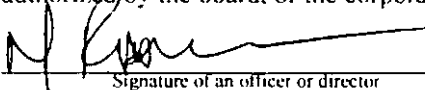
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mirian S Ramirez Chavez
16908 NW 19 ST
P.O. Box NOT acceptable
Pembroke Pines, FL 33028

18 DEC 12 PM 4:17
CLERK OF STATE
DIVISION OF CORPORATIONS

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.

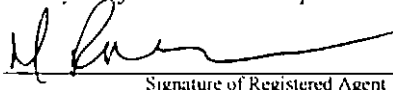


Signature of an officer or director

Mirian S Ramirez Chavez 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

12/6/18

Date

If signing on behalf of an entity:

Mirian S Ramirez Chavez

Typed or Printed Name

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