

P18 000035244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

716

\$16.00

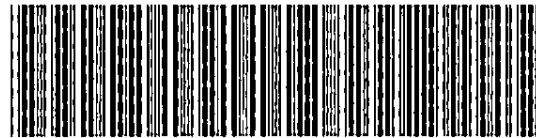
04085

00789

~~14 10000~~

6342, 671

Office Use Only



700367664377

06/07/21--01019--022 **25.00

2021 JUL -6 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RA
CH

SEP 03 2021

D CONNELL



RECEIVED

2021 JUL -6 PM 4:09

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2021

ATTN:BRUNA MOTTO
7879 BERSHIRE OAK ALLEY
WINDERMERE, FL 34786

SUBJECT: BRUNA FERNANDES CANESIN MOTTA, PA
Ref. Number: P18000035244

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

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

SASHA B PENNYWELL
Regulatory Specialist II

Letter Number: 221A00014125

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bruna Fernandes Canxin Motla PA
Name of Corporation

DOCUMENT NUMBER: P180000 35244

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:

Bruna F. C. Motla
Name of Contact Person

Bruna Fernandes Canxin Motla PA
Firm/Company

7879 Berkshire Back Alley
Address

Ukiahmore, FL 34786
City/State and Zip Code

bruna@pristine.realty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruna F. C. Motla at (407) 580 5367
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
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: Druma Fernandez Conserin Motta PA
2. The principal office address: 7879 Berkshire Oak Alley,
Windermere FL 34786
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/02/21 Document number: P18000035244
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)
Prime Accounting and Consultancy LLC
7345 W GOND Lake Rd, suite 226
Orlando FL 32819

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

Druma Motta
7879 Berkshire Oak Alley,
Windermere FL 34786

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUL -6 PM 1:15

FILED

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.

Druma F. C. Motta
Signature of an officer or director

Druma F. C. Motta, Pres.
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.

Druma F. C. Motta
Signature of Registered Agent

07/02/21
Date

If signing on behalf of an entity:

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)