P180000 46994

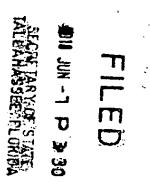
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PAUL N. AFROOZ MD, P.A.

Name of Corporation

DOCUMENT NUMBER: P18000046994

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:

PAUL N. AFROOZ, MD

Name of Contact Person

PAUL N. AFROOZ MD, P.A.

Firm/Company

45 S.W. 9TH STREET, UNIT 3803

Address

MIAMI, FLORIDA 33130

City/State and Zip Code

CONSULTATION@DRPAULAFROOZ.COM

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

For further information concerning this matter, please call:

PAUL N. AFROOZ

,312 \933-5390

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

	der to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	of the corporation: PAUL N. AFROOZ MD, P.A.
2. The princip	pal office address: 45 S.W. 9TH STREET, UNIT 3803, MIAMI, FLORIDA
3. The mailin	g address (if different): SAME AS ABOVE
4. Date of inc	orporation/qualification: MAY 22, 2018 Document number: P18000046994
5. The name a	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)
	CATHERINE AFROOZ
	45 S.W. 9TH STREET, UNIT 3803
	MIAMI, FLORIDA 33130
6. The name a (if changed	and street address of the new registered agent (if changed) and /or registered office): PAUL N. AFROOZ
	45 S.W. 9TH STREET, UNIT 3803
	P.O. Box NOT acceptable
	MIAMI, FLORIDA 33130
The street add	dress of its registered office and the street address of the business office of its registered ill be identical.
Such change authorized by	was authorized by resolution duly adopted by its board of directors or an officer so the board, or the corporation has been notified in writing of the change.
Pa	Ul Aury PAIL N AFROOZ, PRESI
I horoby acco	pt the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registere this document is being filed merely to reflect a change in the registered office address, I m that the corporation has been notified in writing of this change.
	A = A = A = A = A = A = A = A = A = A =
4/2	U Cheer JUNE 4, 2018 Signature of Registered Agent Date

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