

P180000 46994

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T. LEWIS

[Handwritten signature]

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

Name of Contact Person

at (312) 933-5390

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

1. The name of the corporation: PAUL N. AFROOZ MD, P.A.
2. The principal office address: 45 S.W. 9TH STREET, UNIT 3803, MIAMI, FLORIDA 33130
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: MAY 22, 2018 Document number: P18000046994

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)

CATHERINE AFROOZ

45 S.W. 9TH STREET, UNIT 3803

MIAMI, FLORIDA 33130

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

PAUL N. AFROOZ

45 S.W. 9TH STREET, UNIT 3803

P.O. Box NOT acceptable

MIAMI, FLORIDA 33130

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.

Paul Afroz
Signature of an officer or director

PAUL N. AFROOZ, 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.

Paul Afroz
Signature of Registered Agent

JUNE 4, 2018
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 (03/12)