

P180 000054484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

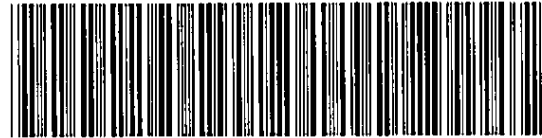
(Document Number)

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STATE OF CALIFORNIA
SOLICITOR GENERAL
JUL 22 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MELISA RODRIGUEZ PA

Name of Corporation

DOCUMENT NUMBER: P18000054484

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:

MELISA RODRIGUEZ

Name of Contact Person

MELISA RODRIGUEZ PA

Firm/Company

60 NE 14TH ST, UNIT 419, MAILBOX

Address

MIAMI, FL 33132

City/State and Zip Code

INFO.MELISARODRIGUEZ@GMAIL.COM

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

For further information concerning this matter, please call:

MELISA RODRIGUEZ

Name of Contact Person

at (786) 3995240

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

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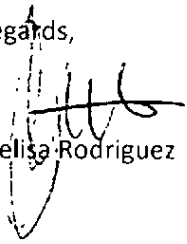
STATE OF FLORIDA
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN,

I already paid the fee associated with this form. I received a letter which I lose saying that I had to resubmit the form because the registered agent couldn't be Melisa Rodriguez PA. I am resubmitting the form.

Please let me know if there is anything I need to do

Regards,


Melisa Rodriguez

RECEIVED

2019 JUL 22 PM 12

OFFICE
1611 A



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

MELISA RODRIGUEZ
MELISA RODRIGUEZ P.A.
3306 NE 168 ST
NORTH MIAMI BEACH, FL 33160

SUBJECT: MELISA RODRIGUEZ PA
Ref. Number: P18000054484

We have received your document for MELISA RODRIGUEZ PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 319A00013623

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: MELISA RODRIGUEZ PA
2. The principal office address: 60 NE 14TH STREET, UNIT 419, MAILBOX 26, MIAMI FL

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/18/18 Document number: P18000054484

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)

Resigned

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

MELISA RODRIGUEZ
60 NE 14TH ST, UNIT 419 , MAILBOX 26
P.O. Box NOT acceptable
MIAMI, FL 33132

16 JUL 22 AM 11:39

STATE OF FLORIDA
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]
Signature of an officer or director

Melisa Rodriguez 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]
Signature of Registered Agent

Date

If signing on behalf of an entity:

Melisa Rodriguez
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