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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: LISSEHE D. CONTAZON MOPA  Name of Corporation		
Name of Corporation		
DOCUMENT NUMBER: 7/8/000754/4		
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:		
CISSETTED. COX FAZON M.D.  Name of Contact Person CISSETTED. COX FORD  3850 S.W. 80th QUENUE MOPE		
Name of Contact Person		
Firm/Company		
3850 S.W. 87th (Wenne, Sinte 202		
Miami IL 33145 City/State and Zip Code		
City/state and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Monto Olzuri at 305, 798-6945  Name of Contact Person Area Code & Daytime Telephone Number		
France of Connect retion France France France		

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 <u>Flivial</u> .
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: USSEHE D. COVTAZAV MOPA
2. The principal office address: 3857) S.W. 87th GVENUE
Suite 202 , KLIGMI, FZ 33145
3. The mailing address (if different): 3857) 5. W. 87th GWENWE
Suite 202 miami, Per 33/45
4. Date of incorporation/qualification: $9/5/90/8$ Document number: $9/8000757$
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)
LISSEHE D. Cortazar M.D.
3850 S.W. 874 Quenue, Sute 30
Miami, FC. 33165
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(in changed).
2050 CUI 2010 CUI 2011 CITH ME
P.O. Box NOF acceptable
Miani, FL. 33165
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.
LISSETTO D. Certarill
Signature of an officer or director.  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.
nereov confirm that the corporation has been notified in writing of this change.
Signature of Registered Agenty Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FU INC FFF: \$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)