

P19000004842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

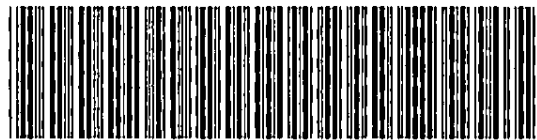
(Business Entity Name)

(Document Number)

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R/A CW

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bejarano Clinical and Consulting Services, Inc.

Name of Corporation

DOCUMENT NUMBER: P19000004842

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:

Anabel Bejarano, PhD

Name of Contact Person

Bejarano Clinical and Consulting Services, Inc.

Firm/Company

1390 S. Dixie Hwy. Suite 1305

Address

Coral Gables, FL 33146

City/State and Zip Code

dranabelbejarano2020@gmail.com

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

For further information concerning this matter, please call:

Anabel Bejarano

Name of Contact Person

at (305) 726-6999

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: Bejarano Clinical and Consulting Services Inc.
2. The principal office address: 1390 S. Dixie Hwy. Suite 1305
Coral Gables, FL 33146

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/11/2019 Document number: P19000004842

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)

JPIZARS - CPA AND BUSINESS CONSULTANTS LLC 1722 SHERIDAN STREET 365

HOLLYWOOD, FL 33020

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

Anabel Bejarano, PhD

1390 S. Dixie Hwy. Suite 1305

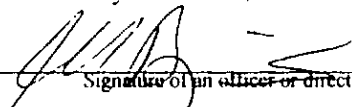
P.O. Box NOT acceptable

Coral Gables, FL 33146

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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 of an officer or director

Anabel Bejarano, Principal

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.

 Ph.D.
Signature of Registered Agent

01/06/2021

Date

If signing on behalf of an entity:

Bejarano Clinical and Consulting Services, Inc.

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)