Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please $\Omega \omega$

Email Address:_

REGISTERED AGENT CHANGE

CESAR ENRIQUE GUERRERO, M.D., F.A.A.D., P.A.

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A. BUTLER

JUL 18 2022

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H22000240757 3)))

statement of cha	ange is submitted for a corporation or	.0502, 607.1508, or 617.1508. Florida ganized under the laws of the State of		this	_
		gistered agent, or both. in the State of	Florida.		
l. The name of	the corporation: CESAR ENRIQUE G	TUERRERO, M.D., F.A.A.D., P.Δ.			
2. The principal	office address:				
80 S Main St. Gr	renada, MS, 38901				
3. The mailing a	address (if different): 80 S Main St. Go	renada, MS. 38901			
4. Date of incorp	poration/qualification: 10/23/2019	Document number: P190000	82897		
S. The name and Florida Depar	I street address of the current register timent of State: (If resigned, enter resi	ed agent and registered office on file wigned)	rith the		
	GUERRERO, CESAR E		_		
	3661 SOUTH MIAMI AVENUE SUITE 308				
	MIAMI, FL 33133	7	(2)	•	
5. The name and (if changed):	street address of the new registered :	agent (if changed) and /or registered of	TALLAH TALLAH	2022 JUL 15	Carrent Carren
	LEGALING CORPORATE SERVICES INC.				
	5237 SUMMERLIN COMMONS BLVD, SUITE 400				(
	P.O. Box NOT acceptable			9: 04	No.
	FORT MYERS, FL, US, 33907		_ <u></u>	40	
The street addre	ess of its registered office and the str be identical.	eet address of the business office of it	ts register	ed age	nt,
Such change was	is authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	officer so)	
		Cesar Guerrero, President			
v	e of an officer or director	Printed or typed name and if	ile		_
jurtner agree t I my duties, am locument is bei	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this chan	statutes relative to the proper and con obligation of my position as registere of the registered office address. There	nplete per d agent, by confirn	formai Or, if ti n that t	ice his he
Me	lin Olin	7/14/2022			
Sign	natura of Registered Agent	Date			-
f signing on bel	half of an entity:				
Wesley Dolan					
Ty	ped 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)