## P190000 944 95

(F	Requestor's Name)			
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(,	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
	Business Entity Name)			
(Document Number)				
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O SIMMONS APR 0 3 2020

## **COVER LETTER**

TO:	: Amendment Section Division of Corporations			
SUBJ Name	ECT: MARIA ELENA ACOSTA, PA of Corporation			
DOC	UMENT NUMBER: P19000094495			
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please	e return all correspondence concerning this	s matter to the following:		
Maria	E. Acosta			
Name	of Contact Person			
MAR	IA ÉLENA ACOSTA, PA			
Firm/	Company			
442 W	VarrenLane			
Addre	ess			
Key E	Biscayne Florida 33149			
City/S	State and Zip Code			
	acostazamora@aol.com			
E-ma	il address: (to be used for future annua	l report notification)		
For fu	urther information concerning this matter. p	płease call:		
Maria	E. Acosta	305 322-7906		
	Name of Contact Person	at ( 305 ) 322-7906  Area Code & Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payable to the			
	Mailing Address:	Street Address:		
	Mailing Address: Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2F045 (04/F3)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	nange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes in organized under the laws of the State of <mark>Florida</mark>	
	, , ,	r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: MARIA ELENA	ACOSTA, PA	
2. The principa	al office address: 442WarrenLane,	Key Biscayne FL 33149	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: December	16,2019 Document number: P19000094495	
5. The name ar		stered agent and registered office on file with the	
	AdvancedTax Advisors		
	7860PetersRoad,SuiteF-107		
	PlantationFL 33324		202
6. The name at (if changed):		red agent (if changed) and /or registered office	2020 HAR 20
	Maria E. Acosta		0
	442WarrenLane		
	<del></del>	PO Box SOFacceptable	0
	Key Biscayne FL 33149		1
The street add as changed wi	ress of its registered office and the II be identical.	e street address of the business office of its regist	ered agent.
Such change wauthorized by	vas authorized by resolution duly the board, or the corporation has l	adopted by its board of directors or by an officer been notified in writing of the change.	
Mr.	Artis	Maria E. Acoson Presiden	<i>t</i>
I hereby accept I further agree of my duties, a document is be	of the appointment as registered a	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent ge in the registered office address. I hereby confi- change.	performance Or, if this irm that the
ME	Art	3/02/2010	
/	rgnature of Registered Agent	3/12/20-20 Date	
	pehalf of an entity:		
MARIA	Elena Acosma PA		
	Typed or Printed Name	_	

\* \* \* FILING FEE: \$35.00 \* \* \*