

P20000003074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

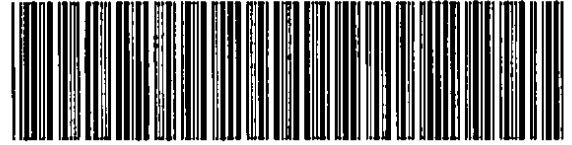
Special Instructions to Filing Officer:

J. HORNE

APR 12 2022

4/9

Office Use Only



900382356119

04/08/22--01010--002 \*\*10.00

02/28/22--01037--007 \*\*25.00

FILED  
2022 APR -4 AM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 APR -4 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FL

March 15, 2022

TZIVYA BROOK  
20801 BISCAYNE BLVD  
SUITE 101  
AVENTURA, FL 33180 US

SUBJECT: TZIVYA BROOK, P.A.  
Ref. Number: P20000003074

We have received your document for TZIVYA BROOK, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 922A00005554

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tziuya Brook PH  
Name of Corporation

**DOCUMENT NUMBER:** P20000003074

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:

Tziuya Brook  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

20801 Biscayne Blvd. suite 101  
Address

Aventura, FL 33180  
City/State and Zip Code

Tziuyabrook@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tziuya Brook at ( 786 ) 262-7404  
Name of Contact Person 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Tziuya Brook PA
- 2. The principal office address: 20801 Biscayne Blvd. Suite 101 Aventura, FL 33180
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
- 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)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Tziuya Brook  
20801 Biscayne Blvd. Suite 101 Aventura FL 33180  
P.O. Box NOT acceptable

2022 APR -4 AM 12:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

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

Tziuya Brook  
 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

3.29.2022  
 Date

If signing on behalf of an entity:

Tziuya Brook  
 Typed or Printed Name

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