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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ABECKJERR IMMIGRATION 12 Name of Corporation	AW.PA
DOCUMENT NUMBER: P200000009715	
The enclosed Statement of Change of Regist	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Michelle A Abeckjerr	
Name of Contact Person	
ABECKJERR IMMIGRATION LAW, P.A.	
Firm/Company	
19790 W Dixie Hwy, Suite 611	
Address	
Miami, Florida 33180	
City/State and Zip Code	
Michelle@abeckjerrlaw.c	:om
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matt	er, please call:
Michelle A Abeckjerr	305 7764506
Name of Contact Person	at (305) 7764506 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502, 617 0502, 607,1508, or 617,1508, Florida Statute, inge is submitted for a corporation organized under the laws of the State of <u>Florida</u> ir to change its registered office or registered agent, or both, in the State of Florida	
1. The name of i	the corporation: ABECKJERR IMMIGRATION LAW, P.A.	
	office address: 19700 W Dixie Hwy, Suite 611	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 01/27/2020 Document number: P20000009715	
5. The name and	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	ABECKJERR, MICHELLE A, ESQ.	
	800 SE 4th Ave. State 821	2622 X
	Hallandale Beach, FL 33009	シャ で ファ で
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	TE TO CHAP
	ABECKJERR, MICHELLE A. ESQ.	- SE - 1
	19790 W Dixie Hwy, Suite 611	7.>
	P.O. Box, NOT acceptable	
	Miami, FL 33180	
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	tered agent.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	rso
A	Michille A. Abeckyer Trinks of kiped name and titlet	Υ
I further agree of my duties, ar document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete ad I am familiar with and accept the obligation of my position as registered agenting filed merely to reflect a change in the registered office address. Thereby complete notified in writing of this change	oerformance t. Or, if this tirn that the
- Sig	Patture Registered Agent 19te	
If signing on be	chalf of an entity:	
Abecye	yped or Printed Jame	

Make Checks payable to Florida Department of Stati Mail to: Division of Corporations, P.O. Box 6327, Tall ahassef, FL 32314 CR2E045 (04/13)

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