

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000106629 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ATESIANO TAX SERVICES

Account Number : I20190000123 : (305)928-1137 Phone

Fax Number : (786)349-4952

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE GABRIELA FRUCHTERMANN PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment Section		
Division of Corporations		
CARDIELA EDUCUTEONIANIN DA		
SUBJECT: GABRIELA FRUCHTERMANN PA		
Name of Corporation		
DOCUMENT NUMBER: P20000036453		
The enclosed Statement of Change of Registered Off	ice/Agent and fe	e are submitted for filing.
Please return all correspondence concerning this mat	ter to the followi	ng:
Gabriela Fruchtermann		
Name of Contact Person		
Gabriela Fruchtermann PA		
Firm/Company	-	
20600 NE 5th PL		
Address		
Miami FL 33179		
City/State and Zip Code		
Turealtorgabyfruch@gmail.com		
E-mail address: (to be used for future annual rep	ort notification))
•		
For further information concerning this matter, pleas	e call:	
Norris Atesiano	at (305	928-1137 ext 20 ode & Daytime Telephone Number
Name of Contact Person	Area Co	ode & Daytime Telephone Number

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 statement of change is submitted for a corporation organized under thein order to change its registered office or registered agent, or	laws of the State of Florida
1. The name of the corporation: GABRIELA FRUCHTERMANN PA	
2. The principal office address: 20600 NE 5 PL, MIAMI FL 23179	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/14/2020 Docume	nt number:
 The name and street address of the current registered agent and regist Florida Department of State: (If resigned, enter resigned) 	ered office on file with the
OQBC ACCOUNTING SOLUTIONS NOW	
12401 Orange Dr Ste 130	
Davie FL 33330	
6. The name and street address of the new registered agent (if changed) (if changed): Gabriela Fruchtermann	and /or registered office
20600 NE 5th PL	
P.O. Box NOT acceptable	
Miami FL 33179	
The street address of its registered office and the street address of the as changed will be identical.	
Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in writing	of directors or by an officer so ng of the change.
Gabriela Fronteman Gabriela Gabriela Fronteman Gabriela Ga	chtermann, President
I haraby 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 of my duties, and I am familiar with and accept the obligation of my document is being filed merely to reflect a change in the registered of corporation has been notified in writing of this change.	o the proper and complete performance position as registered agent. Or, if this fice address, I hereby confirm that the
Gabriela Tranteman 03/21/2025	
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	