

P20 000055292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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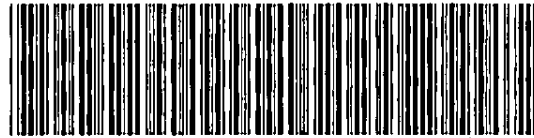
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: La Clinica Del Pueblo Corp
Name of Corporation

DOCUMENT NUMBER: P20000088292

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:

Masiel Moreria

Name of Contact Person

La Clinica Del Cuerpo corp

Firm/Company

759 NW 22 AVE

Address

Miami, FL 33125

City/State and Zip Code

masielmoreira@chwcen.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Jimenez

Name of Contact Person

at (305)

728-4880

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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: La Clinica Del Pueblo Corp
2. The principal office address: 759 NW 22 AVE Miami, FL 33125

2. The principal office address: 759 NW 22 AVE Miami, FL 33125

3. The mailing address (if different): 736 NW 22 AVE Miami, FL 33125

4. Date of incorporation/qualification: 11/03/2021 Document number: P20000088292

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)

Jose Almarales

736 NW 22 AVE

Miami, Fl. 33125

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

Jose Almarales

759 NW 22 AVE

P.O. Box NOT acceptable

Miami, FL 33125

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 of an officer or director

Masiel Moteria, PDT

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 of Registered Agent

1/28/2021

Date _____

If signing on behalf of an entity:

Typed or Printed Name _____

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)