## P22000011633

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(0)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
<u></u>

Office Use Only



400387020294

05/02/22--01044--003 \*\*35.00

2022 HAY -2 AM 9: 59
SECRETARY OF STATE

A. BUTLER
JUN 2 4 2022

## **COVER LETTER**

TO:

TO: Amendment Section Division of Corporations
SUBJECT: Pena Law Group, P.A. Name of Corporation
DOCUMENT NUMBER: P22000011433
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fifing.
Please return all correspondence concerning this matter to the following:
AShtey Pena Name of Contact Person Pena Law Group, P.A.  Firm/Company 5224 W SR 46 ## 418  Address Sanford, FL 32711  City/State and Zip Code  ashCrisn3@yahoo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AShtey Pena at (184), 262-6260 Name of Contact Person at (186), 262-6260 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

CR2E045 (04/13)

## 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 <u>F10\(\hat{P}\)\(\hat{O}\)\(\hat{O}\)\(\hat{O}\)</u>	-
Da - a - a - a - a - a - a - a - a - a -	
1. The name of the corporation: 1200 Law 6700 P.7	_
2. The principal office address: 5114 W SK TO, TT418	_
Scyrifura, FL 32 111	
3. The mailing address (if different):	
4. Date of incorporation/qualification: $04/57/202$ Document number: $122000114$	33
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)	
Ashtey C. Pena	
190 Magnolia Park Trail	
Santon Fl 32773 = == ==	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Ashley C. Peña SSER 3	
5224 W SR 46 # 418 P.O. BOX NOT acceptable	
Sanford, FL 32771	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt.
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.	
OCPUPAL  Signature of an officer or director  Ashtey C. Pera Proside  Printed or typed name and title	nt
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 performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if t document is being filed merely to reflect a change in the registered office address, I hereby confirm that t corporation has been notified in writing of this change.	ice his he
OCPONO 04/22/2022 Signature of Registered Agent 04/22/2022	_
If signing on behalf of an entity:	
Typed or Printed Name	
Types of Crimes Same	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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