

P22000068131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

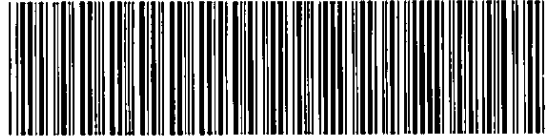
(Business Entity Name)

(Document Number)

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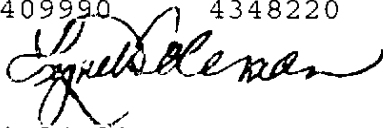
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/26/2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 409990 4348220

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : January 25, 2023

ORDER TIME : 2:34 PM

ORDER NO. : 409990-035

CUSTOMER NO: 4348220

CHANGE OF AGENT

NAME: MOISES ARIZA, CPA, P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Moises Ariza, CPA, P.A.
Name of Corporation

DOCUMENT NUMBER: P22000068131

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:

Steven Berger

Name of Contact Person

Vedder Price

Firm/Company

1633 Broadway, 31st Floor

Address

New York, NY 10019

City/State and Zip Code

sberger@vedderprice.com

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

For further information concerning this matter, please call:

Steven Berger

Name of Contact Person

at (212) 407-7714

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.

- The name of the corporation: Moises Ariza, CPA, P.A.
- The principal office address: c/o Marcum S Corp Legal, 10 Melville Park Road, Melville, NY 11747
- The mailing address (if different): _____
- Date of incorporation/qualification: 9/1/2022 Document number: P22000068131
- 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)

Moises Ariza8564 NW 165th StreetMiami Lakes, FL 33016

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

Corporation Service Company1201 Hays Street

P.O. Box NOT acceptable

TallahasseeFL 32301

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 officer, director, or director

Moises ArizaPresident

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.

Corporation Service Company

By: _____

Signature of Registered Agent

01/25/2023

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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