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(Requ	uestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Document Number)		
Certified Copies Certificates of Status		
		
Special Instructions to Fi	ling Officer:	





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09/19/14--01006--011 **35.00

14 SEP 19 PH 2: 35

1 RM 9/25/14

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

Y ,

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LAVIA LAW GROUP PA
2. The principal office address: 1832 NE 12th TERRACE
FORT LAUDERDALL, FL 33305
3. The mailing address (if different):
4. Date of incorporation/qualification:
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)
Andrew T Lavin
2699 StiRling Rd, Suite B100 FF F
FT. LAnderdale FL 33312
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Andrew T LAVIN
P.O Box NOT acceptable
FT. LAUderdele FL 33305
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 office or director 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.
Superture of Registered Agent
If signing on behalf of an entity:
Andrew Lavin Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAW GROUP PA Name of Corporation
DOCUMENT NUMBER: P920000 6298
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:
Andaew Grin Name of Contact Person
LAUIN LAW GROUP PA Firm/Company 1632 NE 12th Tenrace Address Ft. LANderdale FL 33305 City/State and Zip Code
1632 NE 12th TERRACE Address
FL. LANDERDALE FL 333US ST
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (951) 967-2788 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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314