P930050156

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

FILED
2009 MAR 16 AM 10:

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Law Offices of Patricia O. Espino: (Name of Corpor	sa, P.A.
DOCUMENT NUMBER: P93000050156	
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
·	
André E. Fi	alios
(Name of Contact	Person)
Law Offices of Patricia (Firm/Compar	O. Espinosa, P.A.
(i iiii denpu	• •
2263 S.W. 37th	Avenue
(Address)	
Coral Gables, Fl	orida 33145
(City/State and Zip	Code)
For further information concerning this matter, please call:	1
Patricia O. Espinosa at	(305) 448-5252
(Name of Contact Person)	(305) 448-5252 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	of State
Eliciosco is a \$55.00 check made payable to the Department	of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat inge is submitted for a corporation organized under the laws of the State of <u>FIC</u> ir to change its registered office or registered agent, or both, in the State of Flor	orida
	the corporation: Patricia O. Espinosa, P.A.	
2. The principal	office address: 2263 S.W. 37th Avenue	
Coral Gab	les, Florida 33145	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 07/16/1993 Document number: P930000	50156
	d street address of the current registered agent and registered office on file with trument of State: (If resigned, enter resigned)	the
	Patricia O. Espinosa,	
	232 Andalusia Avenue, Suite 370	2009 MAR 16 SECRETAR TALLAHASS
	Coral Gables, Florida 33134	R I
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Patricia O. Espinosa,	REFE
	2263 S.W. 37th Avenue (P.O. Box NOT acceptable)	A .
	Coral Gables, Florida 33145	
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	egistered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an of ne board, or the corporation has been notified in writing of the change.	ficer so
Satricia	ine of an officer or director) PATRICIA O. ES (Printed or typed name and title)	PINOSA
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and compl ad I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby of s been notified in writing of this change.	ete performance agent. Or, if this confirm that the
Satucio (Sig	a O. Cspusosa 3/11/09 gnature of Registere Agent) (Optio)	·
If signing on be	half of an entity:	
T)	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 (8/05)