## P94000007319

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: M. Jonge Areces P. A.  Name of Corporation
DOCUMENT NUMBER: <u>P9400000 7319</u>
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:
M. Jurge Areces  Name of Contact Person
M. Jonge Areces P.A. Firm/Company
13615 S. Dixie Hwy # /14-491 Address
MIAMI, FC 33176  City/State and Zip Code
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
M. Jonge Aleces at (786) 3198182  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the pro statement of chang							,	
	o change its regi							_
1. The name of the	corporation:	M. JOR	ge ARec	es. P. A	1.			
1. The name of the 2. The principal of	fice address:	13615	S. Dixie	Hwy	#114-4	<u>'91 (n</u>	ew a	rddre
		MIAMI,	FL 33176	·				
3. The mailing add	lress (if different)	):						
4. Date of incorpor	ration/qualification	on: 1/2	1/94	Document r	number:/	094000	2073	319
5. The name and st Florida Departm	treet address of the ment of State: (If r			nd registere	d office on fi	le with the		
_	M. Jon	ge ARec	es		, .			
_	895 5	W 86 CI	<del>-</del>					
_	Mirmi,	FL. 331	¥У			SE(	<b>2009</b>	
6. The name and still (if changed):						AHASSE domasse	2009 AUG 3 I	
_	13615 MI AMI	5.DIXIE FL 33 P.O	HWY # 176 D. Box NOT accept	1/4 ~ 9°	1/	OF STATE E. FLORIDA	AM 10: 20	
The street address as changed will be	s of its registered e identical.	office and th	e street addre	ss of the bu	siness office	of its registe	ered age	ent,
Such change was authorized by the	authorized by re board, or the cor	solution duly	adopted by it been notified	s board of in writing	directors or b	y an officer . e.	so ,	
Signature	of an officer or director	ř	<u> </u>	M. JOA	ge ARec	and title	dent	_
I hereby accept th I further agree to of my duties, and document is being corporation has i	e appointment a comply with the I am familiar wi g filed merely to een notified in w	s registered of provisions of the provisions of the provisions of the provisions of this provisions of this provisions of this provisions of the provisions	ngent and agr fall statutes r t the obligation nge in the regi change.	ee to act in elative to th n of my pos istered offic	this capacity ne proper and sition as regi re address, I	, d complete po stered agent. hereby confir	erforma Or, if rm that	ince this the
Signat	nure of Registered Age	nt		<u> 8</u> ].	17/09 Dale			<del></del>
If signing on bobs	1			·	,			
M. Jonge	AReces		_					

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