P940000 25171

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Ra Change

COVER LETTER

то:	Amendment Section Division of Corporations				
	ECT: Law Office of Amy Agnoli, P.A. of Corporation				
DOC	UMENT NUMBER: P940000025171J2561	1			
The er	nclosed Statement of Change of Registered	d Office/Agent and fee	are submitted for fi	ling.	
Pleaso	return all correspondence concerning this	matter to the following	ng:		
Amy Z	Agnoli				
Name	of Contact Person				
Law C	Office of Amy Agnoli, P.A.				
Firm/0	Company				
8323.3	NW 12 Street, Suite 208				
Addre	88				
Doral.	FL 33126				
City/S	state and Zip Code	·			
•	AbrahamAgnoli@bellsouth.n	et			
F-ma	il address: (to be used for future annua				
1. 1110	in the first to be about for the armine	· report monitoring		185	
				20	
For fu	rther information concerning this matter, p	olease call:			
		705	205 0023	7.7	
Amy a	Agnoli	at (\frac{305}{2}	285-8822		
	Name of Contact Person	Area Co	de & Daytime Telep	hone Number	
				# \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Enclo	sed is a \$35.00 check made payable to the	Department of State.) 285-8822 de & Daytime Telep	hone Number 1: 05	
	Mailing Address:	Street Addres	s:	10	
	<u>Mailing Address:</u> Amendment Section Street Address: Amendment Section				
	Division of Corporations Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	o17,0502, 607,1508, or 617,1508, riorida Statutes, in organized under the laws of the State of <mark>Florida</mark> r registered agent, or both, in the State of Florida.	<u>.</u>		
	the corporation: Law Office of Am office address: 8323 NW 12 Street				
3. The mailing a	iddress (if different): n/a				
		Document number: P940000025171			
	d street address of the current regi- rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)			
	Amy Agnoli				
	999 Ponce de Leon Blyd., Ste 750				
	Coral Gables, FL 33134		20,4134,19		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Amy Agnoli		PM		
8323 NW 12 Street, Suite 208					
	P.O. Box NOT acceptable Doral, FL 33126				
The street addras changed will	ess of its registered office and the be identical.	e street address of the business office of its registe	red agent.		
Such change wauthorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer speen notified in writing of the change.	0		
d	wh.	Amy Agnoli			
Signati	re of an officer of director	Printed or typed name and title			
I further agree of my duties, ar document is be	to comply with the provisions of	gent and agree to act in this capacity. all statutes relative to the proper and complete pe the obligation of my position as registered agent, ge in the registered office address. I hereby confir change.	rformance Or, if this m that the		
	wy In	06/15/2020			
If signing on be	manuk of Rigistered Agent chalf of an entity:	Date			
	yped or Printed Name	_			

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