

PAID 0000014526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

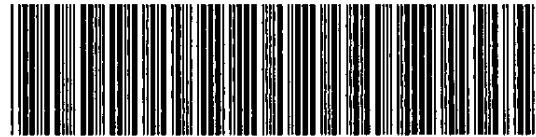
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600297132316

03/30/17--01015--013 \*\*35.00

17 MAR 30 PM 3:21

*Neichy*

APR 03 2017

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DONNA M DELGADO, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P96000014526

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:

DONNA M DELGADO

Name of Contact Person

DONNA M DELGADO, P.A.

Firm/Company

19 WEST FLAGLER ST #1212

Address

MIAMI FLORIDA 33130

City/State and Zip Code

DONNA@DMDELGADO-LAW.COM

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

For further information concerning this matter, please call:

DONNA M DELGADO

Name of Contact Person

at ( 305 ) 725-7199

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

**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.

1. The name of the corporation: DONNA M DELGADO, P.A.
2. The principal office address: 19 WEST FLAGLER STREET, SUITE 1212, MIAMI FLORIDA 33130
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/15/1996 Document number: P96000014526

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)

DONNA M DELGADO, ESQUIRE

19 WEST FLAGLER STREET SUITE 406

MIAMI FL 33130

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

DONNA M DELGADO, ESQUIRE

19 WEST FLAGLER STREET SUITE 1212

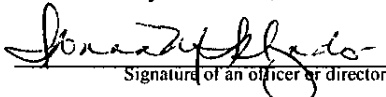
P.O. Box NOT acceptable

MIAMI FLORIDA 33130

17 MAR 30 PM 3:20  
MAR 1 2017  
MAR 1 2017

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 officer or director

DONNA M. DELGADO (PRESIDENT)  
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.*

  
Signature of Registered Agent

MARCH 21 2017  
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 (03/12)