P96000175214

304 Sou Tampa, F	R. Alayon, th Willow Ave lorida 33606-	nue
(Ad	idress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

RA ERO Charge

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Roberto R. Alayon, P.A. (Name of corporation)
DOCI	UMENT NUMBER: P96000075214
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Roberto R. Alayon (Name of contact person)
	Roberto R. Alayon, P.A. (Firm/Company)
	304 South Willow Avenue (Address)
	Tampa, FL 33606 (City/state and zip code)
For fu	rther information concerning this matter, please call:
	Roberto Alayon at (813) 250-9402 (Name of contact person) (Area code & daytime telephone number)
Enclos	sed 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 409 E. Gaines Street Tallahassee, FL 32399

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

1. The name of the	ne corporation: Roberto R. Alayon, P.A	1.	
2. The principal of	office address: 304 South Willow Aven	ue, Tampa, FL 33606	,
3. The mailing ac	Idress (if different):		
4. Date of incorp	oration/qualification: 9/10/96		
5. The name and Florida Depart	-	agent and registered office on file with the	
	Capital Connection, Inc.		
	417 E. Virginia St. Suite	1 ACCORD	u
	Tallahassee, FL 32301-1	283	
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered office	ON 12: 45
	Roberto Alayon, P.A.		
	304 S. Willow Avenue		
	(P.O. Box NOT acceptable	e)	
	Tampa, FL 33606		
The street addre	ss of its registered office and the stree be identical.	t address of the business office of its registered agent	•
Such change wa authorized by th	s authorized by resolution duly adopte board or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.	
	1	Roberto Alayon, President/Owner	
	re of an officer or director)	(Printed or typed name and title)	
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob filed merely to reflect a change in the notified in writing of this chang	nd agree to act in this capacity atutes relative to the proper and complete performan oligation of my position as registered agent. Or, if th the registered office address, I hereby confirm that th e.	ie is e
		7005 11 MM	
	pature of Registered Agent)	(Date)	
(Sig	,		

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