P96000096363

(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



000332706120

08/14/19--01811--005 **35.00

19 AUG I L. AH 8: 19

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Arturo J. Martinez Jr. P.A	Δ
Name of Corpora DOCUMENT NUMBER: P9600096363	ntion
The enclosed Statement of Change of Registered Office/Age Please return all correspondence concerning this matter to th	
Arturo J. Martinez Jr.	Purcon
Arturo J. Martinez Jr	. P.A.
2100 SALZEDO ST S	
CORAL GABLES, F	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
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

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 Statutes, this ange is submitted for a corporation organized under the laws of the State of
1. The name of t	the corporation: Arturo J. Martinez Jr. P.A.
	GABLES, FL 33134-4319
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 01/01/1997 Document number: P96000096363
	d street address of the current registered agent and registered office on file with the rument of State: (If resigned, enter resigned)
	Arturo J. Martinez Jr.
	299 Alhambra Circle, Suite 401
	299 Alhambra Circle, Suite 401 Coral Gables, Florida 33134-5117
6. The name and (if changed):	d street address of the new registered agent (it changed) and for registered office
	Arturo J. Martinez Jr.
	2100 SALZEDO ST STE 200
	P.O Box NOT acceptable CORAL GABLES, FL 33134-4319
The street addre	ess of its registered office and the street address of the business office of its registered agent. I be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	ure of an object or director Printed or typed name and title
I harahy accont	t 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 complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
Sig	gnature of Registered Agent Date
	ehalf of an entity:
ARTIN	Typed or Printed Name

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