## P98cccc9755

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SECRETARY OF STATE

C. GOLDEN MAY 11 2018

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT. AILEEN ORTEGA, P.A.

Name of Corporation

DOCUMENT NUMBER, P98000009753

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:

**AILEEN ORTEGA** 

Name of Contact Person

AILEEN ORTEGA, P.A.

Firm/Company

2151 S. LE JEUNE ROAD, SUITE 301

Address

CORAL GABLES, FL 33134

City/State and Zip Code

aileen@lolaw.net

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

For further information concerning this matter, please call:

**AILEEN ORTEGA** 

<sub>...</sub>305 \476870

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

•		17.0502, 607.1508, or 617.1508, Florida a organized under the laws of the State of		
		registered agent, or both, in the State of i		
1. The name of	the corporation: AILEEN OR	ΓEGA, P.A.		
2. The principal	office address: 2151 S. LE JEU	JNE ROAD, SUITE 301, CORAL (	3ABLES, FL 33	134
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 01/30/19	998 Document number: P9800	)0009753	
	I street address of the current regis	stered agent and registered office on file wresigned)	ith the	
	AILEEN ORTEGA	<u> </u>	S NA	
	2151 LE JEUNE ROAD	), SUITE 301		
	CORAL GABLES, FL 3	3134	FIL Y 10 TARY ASSE	! :
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered of	AMII: 4	<b>!</b> <b>;</b>
	AILEEN ORTEGA		PA TE	
	2151 S. LE JEUNE RO	AD, SUITE 301		
	CORAL GABLES, FL 3	Box NOT acceptable		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of it	s registered agent,	
Such change was	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so	
	Mm	AILEEN ORTEGA, PRI		
_ •	re of an officer or director	Printed or typed name and tit	.le	
I further agree , performance of	to comply with the provisions of a my duties, and I am familiar with	tent and agree to act in this capacity. Ill statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	nplete n as registered ce address, I	
	om.	05/03/2018		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Т	yped or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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