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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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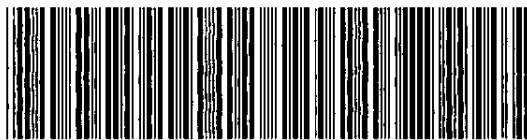
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-10-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cindi Kamen, P.A.
Name of Corporation

DOCUMENT NUMBER: D98000089702

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:

Cindi Kamen
Name of Contact Person

Cindi Kamen, P.A.
Firm/Company

10631 North Kendall Drive, Suite 205
Address

Miami, Florida 33176
City/State and Zip Code

Justiceck@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindi Kamen at (305) 275-5299
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**

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: Cindi Kamen, P.A.
2. The principal office address: 10631 North Kendall Drive, Suite 205,
Miami, Florida 33155
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/21/1998 Document number: PR000089702
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)

Cindi Kamen
7400 SW 50th Terrace, Suite 203
Miami, Florida 33155

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10631 North Kendall Drive
Suite 205
Miami, Florida 33176

P.O. Box NOT acceptable

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]
Signature of an officer or director

Cindi Kamen, 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]
Signature of Registered Agent

1/7/10
Date

If signing on behalf of an entity:

Cindi Kamen
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