

P 9900001326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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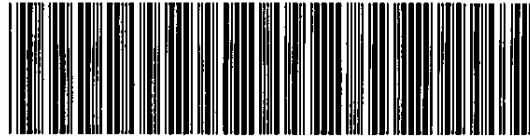
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R/A Chy

APR 14 2015

R. WHITE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE FAIR EUROVOIVO CENTER INC  
Name of Corporation

**DOCUMENT NUMBER:** P 99000001326

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:

MARIA TERESA PRIETO  
Name of Contact Person

Firm/Company

13859 SW 142 AVE  
Address

MIAMI FL 33186  
City/State and Zip Code

maria123502003@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA TERESA PRIETO at (305) 971-2112  
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: THE FAH EUROVIVO CENTER INC
2. The principal office address: 13859 SW 142 AVE  
MIAMI FL. 33186
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P99000001326

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)

ANTONIO RUIZ (RESIGNED)  
13859 SW 142 AVE  
MIAMI FL. 33186

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TALLAHASSEE, FLORIDA

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

MARIA TERESA PRIETO  
12350 SW 96 ST  
MIAMI FL. 33186

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.

Marc Beresford  
Signature of an officer or director

MARIA TERESA PRIETO PSD.  
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.

Marc Beresford  
Signature of Registered Agent

4/8/2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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