P99000095258

(Re	questor's Name)	
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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

COVER LETTER

Division of Corporations				
SUBJECT: DEL VILLAR & MIGUEL, P.A.				
(Name of Corporation)				
DOCUMENT NUMBER: P99000095258				
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:				
Monica Miguel, Esq. (Name of Contact Person)				
DEL VILLAR & MIGUEL, P.A. (Firm/Company)				
1382 NW 16th Street (Address)				
Miami, FL 33125 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Monica Miguel, Esq. at (305) 326-1026				
Monica Miguel, Esq. at (305) 326-1026 (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 SectionStreet Address: Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301				

TO:

Amendment Section

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

statement of change	is submitted for a corporation organized under the laws of the State of Florida change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the c	corporation: DEL VILLAR & MIGUEL, P.A.	
	ice address: 1382 NW 16th Street, Miami, FL 33125	
3. The mailing addre	ess (if different):	
4. Date of incorporat	ation/qualification: 10/28/1999 Document number: P99000095258	
5. The name and stre Florida Departmen	eet address of the current registered agent and registered office on file with the ent of State:	
Jor	rge L. Del Villar	
81	iami, FL 33126	7
Mia	iami, FL 33126	
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered office	<u></u>
Mo	onica Miguel, Esq.	
13	882 NW 16th Street	
Mia	(P.O. Box NOT acceptable) iami, FL 33125	
The street address o as changed will be i	of its registered office and the street address of the business office of its registered agent, identical.	
Such change was au authorized by the bo	uthorized by resolution duly adopted by its board of directors or by an officer so oard, or the corporation has been notified in writing of the change.	
(Manadure of	Monica Miguel, Esq. Secretary (Printed or typed name and title)	
I funther garee to co	appointment as registered agent and agree to act in this capacity. omply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the en notified in writing of this change.	
Senatur	re of Registered Agent) July (Date)	
If signing on behalf	f of an entity:	
(Typed	O or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314