

P99000095258

(Requestor's Name)

JORGE DEL VILLAR
DEL VILLAR & MIGUEL, P.A.
2121 Ponce de Leon Blvd.
Suite 340
Coral Gables, FL 33134

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADR

2/6/08

**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: DEL VILLAR & MIGUEL, P.A.
2. The principal office address: 2121 Ponce de Leon Blvd #340, Coral Gables, FL 33134
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/28/1999 Document number: P99000095258

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Monica Miguel, Esq.

2121 Ponce de Leon Blvd #340

Coral Gables, FL 33134

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

Jorge L. Del Villar

2121 Ponce de Leon Blvd #340

(P.O. Box NOT acceptable)

Coral Gables, FL 33134

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 of an officer or director)

Jorge L. Del Villar, 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 of Registered Agent)

(Date)

If signing on behalf of an entity:

(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

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