560864

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(enyeletalipa neneny				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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18 JUL -9 PN 14: 3: SECRETARY OF STATE FALLAHASSEE, FLORIDA

JUL 11 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Jose Elortegui, P.A. Name of Corporation				
DOCUMENT NUMBER: S60864				
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:				
Jose Elortegui				
Name of Contact Person				
Jose Elortegui, P.A.				
Firm/Company				
500 NE 55th St				
Address				
Miami, FL 33137				
City/State and Zip Code				
je@elorteguilaw.com				
E-mail address: (to be used for future annual report notification)				
15 man accioss (10 es acco 10 man acciona)				
For further information concerning this matter, please call:				
Jose Elortegui at 305 643-1100 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				

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

statement of cha	provisions of sections 607.0502, 617.6 nge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of the State o	f FLorida
1. The name of t	he corporation: Jose Elortegui, I	P.A	
2. The principal	office address: 500 NE 55th St,	Miami, FL 33137	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 3/20/1995	Document number: S608	864
	I street address of the current registere thent of State: (If resigned, enter resigned,		with the
	Jose Elortegui		
	1850 Coral Way		
	Miami, FL 33145		188 1880
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered	FILTED
	Jose Elortegui		
	500 NE 55th St		PN 4: 34 PN 4: 34 PN 4: 34 PN 4: 34 PN 6: STATE E, FLORID
	P.O. Box 8 Miami, FL 33137	NOT acceptable	P
The street addreas changed will	ess of its registered office and the stre	eet address of the business office o	f its registered agent.
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	need by its board of directors or by a notified in writing of the change.	an officer so
Signific	e of an officer a director	Jose Elortegui, PVPS	
-performance of -avent - Or, if th	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to t that the corporation has been notifie	id accept the obligation of my positive reflect a change in the registered of	omplete ion as registered ffice address, l
		07/05/18	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped or Printed Name		

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