

V16195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

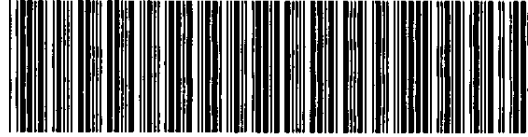
(Business Entity Name)

(Document Number)

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*RA address change*

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2015 APR 27 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ADR*  
*5/1/15*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Law Offices of Rene A. Sotorrio, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** V16195

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:

Rene A. Sotorrio  
Name of Contact Person

Firm/Company

312 Minorca Avenue  
Address

Coral Gables, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Rene A. Sotorrio at ( 305 ) 444-5565  
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: Law Office of Rene A. Sotorrio, P.A.
2. The principal office address: 312 Minorca Avenue, Coral Gables, FL 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/20/1992 Document number: V16195
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)

Rene Sotorrio
2937 S.W. 27th Ave, Suite 202
Coconut Grove, FL 33133

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STATE OF FLORIDA

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

312 Minorca Avenue
Coral Gables, FL 33134
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.

[Handwritten Signature]
Signature of an officer or director

Rene A. Sotorrio
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 \*\*\*