

PD9000097658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

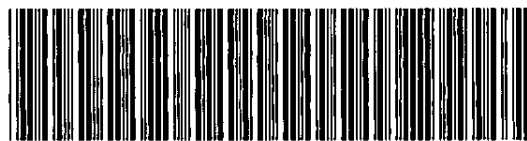
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NO Change

JUN 4 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marc D. Wigder, P.A.
Name of Corporation

DOCUMENT NUMBER: P09000097658

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:

Marc D. Wigder
Name of Contact Person

Marc D. Wigder, P.A.
Firm/Company

5301 N. Federal Hwy., Ste 220
Address

Boca Raton, FL 33487
City/State and Zip Code

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

For further information concerning this matter, please call:

Marc D. Wigder at (561) 674-0001
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2012

MARC D. WIGDER
THE WIGDER COMPANIES
5301 N. FEDERAL HIGHWAY, SUITE 220
BOCA RATON, FL 33487

SUBJECT: MARC D. WIGDER, P.A.
Ref. Number: P09000097658

*enclosed
I have call*

We have received your document for MARC D. WIGDER, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

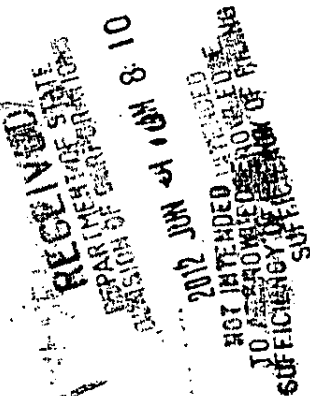
The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 412A00014743



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: Marc D. Wigger, P.A.
2. The principal office address: 5301 N. Federal Hwy., Ste 220
Boca Raton, FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/2/09 Document number: PD9000097658
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)

Marc D. Wigger
3863 NW 53rd St.
Boca Raton, FL 33496

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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):

Marc D. Wigger
5301 N. Federal Hwy., Ste 220
P.O. Box NOT acceptable
Boca Raton, FL 33487

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]
Signature of an officer or director

Marc D. Wigger
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]
Signature of Registered Agent

5-29-12
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
CR2E045 (03/12)