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TO:

Amendment Section Division of Corporations

Law Offices of Douglas J. Jeffrey, P.A.

Name of Corporation

P09000100616

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:

Douglas J. Jeffrey, Esq.

Name of Contact Person

Law Offices of Douglas J. Jeffrey, P.A.

Firm/Company

6625 Miami Lakes Drive East, Suite 365

Miami Lakes, FL 33014

City/State and Zip Code

di@jeffreylawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas J. Jeffrey

Name of Contact Person

305 828-4744

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

	er to change its registered office or registered agent, or both, in the State of Florida. the corporation: Law Offices of Douglas J. Jeffrey, P.A.	
2. The principal	office address: 6625 Miami Lakes Drive East, Suite 365, Miami Lakes, FL 330	014
3. The mailing a	address (if different): N/A	
4. Date of incorp	poration/qualification: 12/15/2009 Document number: P09000100616	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Douglas J. Jeffrey, Esq.	
	6625 Miami Lakes Drive East, Suite 379, Miami Lakes, FL 33014	•
6. The name and	d street address of the new registered agent (if changed) and /or registered office	AVISION OF
(if changed):		300 E
	6625 Miami Lakes Drive East, Suite 365, Miami Lakes, FL 33014	707
	6625 Miami Lakes Drive East, Suite 365, Miami Lakes, FL 33014	CORPORATIONS
The street addre	ess of its registered office and the street address of the business office of its registered agent, lbe identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Lower	Douglas J. Jeffrey, Esq. PTSD	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.	
	April 19, 2019	
Sig	parture of Registrod Agent Date	
If signing on bel	chalf of an entity:	
Ту	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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