## 2000086339

| · (Re                   | questor's Name)    | <del></del>     |
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| PICK-UP                 | ☐ WAIT             | MAIL            |
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| <b>(</b> - ·            |                    |                 |
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| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
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Office Use Only





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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: Florence Chen Law Offices, P.A. d/b/a/ "Yau Law"                                     |  |  |  |
| Name of Corporation   |  |  |  |
| DOCUMENT NUMBER: P12000086339   |  |  |  |
| 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:                     |  |  |  |
| Florence Chen   |  |  |  |
| Name of Contact Person  |  |  |  |
| Florence Chen Law Offices, P.A., d/b/a/ "Yau Law"   |  |  |  |
| Firm/Company  |  |  |  |
| 10752 Deerwood Park Blvd South, Suite 100   |  |  |  |
| Address   |  |  |  |
| Jacksonville, FL 32256  |  |  |  |
| City/State and Zip Code   |  |  |  |
| fchen@yaulaw.com  |  |  |  |
| E-mail address: (to be used for future annual report notification)                            |  |  |  |
| For further information concerning this matter, please call:                                  |  |  |  |
| Florence Chen Name of Contact Person at 904 564-7800 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:  Amendment Section  Street Address:  Amendment Section                       |  |  |  |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| arsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this atement 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.  |
|--|
| The name of the corporation: Florence Chen Law Offices, P.A.  The principal office address: 10752 Deerwood Park Blvd South, Suite 100  Jacksonville, FL 32256  |
| The mailing address (if different):  |
| Date of incorporation/qualification: October 12, 2012 Document number: P12000086339  |
| 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)  |
| Florence Chen  |
| 10435 Midtown Parkway, Suite 250   |
| Jacksonville, FL 32246   |
| Jacksonville, FL 32246  The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Florence Chen  |
| 10752 Deerwood Park Blvd South, Suite 100  |
| P.O. Box NOT acceptable  |
| Jacksonville, Fl 32256   |
| the street address of its registered office and the street address of the business office of its registered agent, schanged will be identical.   |
| uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the carboration has been notified in writing of the change.  Florence Chen, Esq.   |
| Signature of an pfficer or director Printed or typed name and title  |
| hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change. |
| November 7, 2012   |
| Signature of Registered Agent Date   |
| f 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)