

P17000065208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

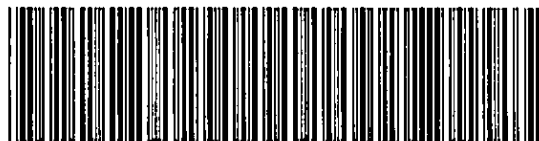
(Business Entity Name)

(Document Number)

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RA Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: USPA LACROSSE OF FLORIDA INC.
Name of Corporation

DOCUMENT NUMBER: P17000065208

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:

Michael Evans

Name of Contact Person

USPA LACROSSE OF FLORIDA I

Firm/Company

8671 Lakeside Bend

Address

Parkland, FL 33076

City/State and Zip Code

michael.evans@live.com

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

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STATE DEPT. OF STATE
CORPORATION DIVISION
2005-05-25 PM 2:33

For further information concerning this matter, please call:

Michael Evans

Name of Contact Person

at (631) 384-9699

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: USPA LACROSSE OF FLORIDA INC.

2. The principal office address: 11555 Heron Bay Blvd, Suite 200
Coral Springs, FL 33076

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/02/2017 Document number: P17000065208

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)

Michael Evans (Resigned)

8671 Lakeside Bend

Parkland, FL 33076

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

USPA Nationwide Security CCP, Inc.

11555 Heron Bay Blvd, Suite 200

P.O. Box NOT acceptable

Coral Springs, FL 33076

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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.

McEvans
Signature of an officer or director

Michael Evans
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.

McEvans
Signature of Registered Agent

09/05/2018
Date

If signing on behalf of an entity:

Michael Evans, President
Typed or Printed Name

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