

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : DUANE MORRIS LLP
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MJShuman@Duanemorris.com

REGISTERED AGENT CHANGE
MICHAEL J. SHUMAN, P.A.

Certificate of Status	0
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**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: Michael J. Shuman, P.A.
2. The principal office address: 201 South Biscayne Boulevard, Suite 3400, Miami, Florida 33131
3. The mailing address (if different): 201 South Biscayne Boulevard, Suite 3400, Miami, Florida 33131
4. Date of incorporation/qualification: January 18, 2018 Document number: P18000005533
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 J. Shuman

200 So. Biscayne Boulevard, Suite 3400, c/o Duane Morris LLP

Miami, Florida 33131-2318

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

Michael J. Shuman

c/o Duane Morris LLP, 201 So. Biscayne Boulevard, Suite 3400

P.O. Box NOT acceptable

Miami, Florida 33131-4325

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.

Michael J. Shuman, Director

Signature of an officer or director

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

October 23, 2018

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
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