7/6/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE THEODORE Z. DEUTSCH P.A.

Certificate of Status	0
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Page Count	02
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By:

## FILED

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

in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: THEODORE Z. DEUTSCH P.A.
2. The principal office address: 6950 Cypress Road Suite 214 Plantation, FL 33317
3. The mailing address (if different): 3255 N:W. 94 Ave. #8776 Coral Springs, FL 33075
4. Date of incorporation/qualification: 11/13/1975 Document number: 490024
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)
Deutsch, Theodore Z
6950 Cypress Road, Suite 214
Plantation, FL 33317
Plantation, FL 33317  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
1200 South Pine Island Road
P.O. Box NO Eneceptable Plantation, Florida 33324
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.
Theodore Z. Deutsch, President
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.
C T Corporation System Nichol McCroy.  Nichol McCroy. Assistant Secretary  Date
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 (04/13)