

715968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

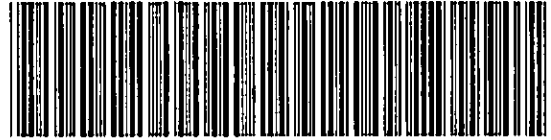
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JAN 31 2023

Office Use Only



900392601059

08/12/22--01016--009 **35.00

2022 AUG 12 AM 9:29

FILED
SECRETARY OF STATE
BUREAU OF CORPORATION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Institute of Certified Public Accountants and Florida Institute of Accountants, Inc.
Name of Corporation

DOCUMENT NUMBER: 715968

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:

Kenneth R. Hart

Name of Contact Person
Ausley McMullen

Firm/Company
P.O. Box 391

Address
Tallahassee, FL 32302

City/State and Zip Code

Shelly@ficpa.org

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

For further information concerning this matter, please call:

Kenneth R. Hart

850 425-5445

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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Florida Institute of Certified Public Accountants and Florida Institute of Accountants, Inc.
2. The principal office address: 250 South Orange Avenue, Suite 300P, Orlando, FL 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/30/1969 Document number: 715968
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)
Donna Son
3800 Esplanade Way, Suite 210
Tallahassee, FL 32311
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Shelly Weir
Fairwinds Tower, 135 W. Central Blvd., Suite 1140
Orlando, FL 32801 P.O. Box NOT acceptable

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.

Shelly Weir
Signature of an officer or director

Shelly Weir, President

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.*

Shelly Weir
Signature of Registered Agent

August 9, 2022

Date

If signing on behalf of an entity:

Shelly Weir / Florida Institute of Certified Public Accountants and Florida Institute of
Accountants, Inc.

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)