

831248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

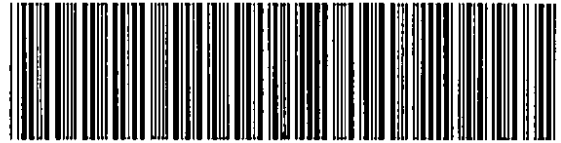
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JR 09/24/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Joseph J. Blake and Associates, Inc.

Name of Corporation

DOCUMENT NUMBER: 831248

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:

Danielle Johns

Name of Contact Person

Joseph J. Blake and Associates, Inc.

Firm/Company

425 Broad Hollow Road, Ste 429

Address

Melville, NY 11747

City/State and Zip Code

djohns@josephjblake.com

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

For further information concerning this matter, please call:

Danielle Johns

Name of Contact Person

at (516)

827-0222 ext 302

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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Joseph J. Blake and Associates, Inc.
2. The principal office address: 425 Broad Hollow Road, Ste 429 Melville, NY 11747
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/8/1973 Document number: 831248
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)

Ted Allen

4000 Ponce de Leon Blvd, Ste 410

Miami, FL 33146

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

Ted Allen

5201 Blue Lagoon Drive, Suite 270

P.O. Box NOT acceptable

Miami, FL 33126

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TALLAHASSEE, FL

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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.

Mary Jiritano

Signature of an officer or director

Mary Jiritano

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]

Signature of Registered Agent

July 29, 2020

Date

If signing on behalf of an entity:

Ted Allen

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)