F12000000327

, (Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
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PICK-UP	☐ WAIT	MAIL	
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C. LEWIS

JAN 2 4 2014

EXAMINER

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Myron E. Siegel & Associates, Ltd.,Inc.

Name of Corporation

DOCUMENT NUMBER, F12000000327

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:

Myron E. Siegel

Name of Contact Person

Myron E. Siegel & Associates, Ltd,.lnc.

Firm/Company

1920 E. Hallandale Beach Blvd, Suite 801

Address

Hallandale Beach, FL 33009

City/State and Zip Code

myron@siegelaw.com

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

For further information concerning this matter, please call:

Myron E. Siegel

..,954

703-1673

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut inge is submitted for a corporation organized under the laws of the State of Floric or to change its registered office or registered agent, or both, in the State of Florid	da	_	
1. The name of	the corporation: Myron E. Siegel & Associates, Ltd., Inc			
2. The principal Beach, F	office address: 1920 E. Hallandale Beach Blvd, Suite 801, Ha	llandal	e	
	address (if different): Same as above			
4. Date of incor	poration/qualification: 01/23/2012 Document number: F1200000	0327		
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	;		
	Myron E. Siegel			
	14 Rose Drive, Suite 100			
	Fort Lauderdale, FL 33316	20	14	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		14 JAN 17	
	Myron E. Siegel		7	
	1920 E. Hallandale Beach Blvd, Suite 801		:: 5	
	P.O. Box NOT acceptable Hallandale Beach, FL 33009	Om M	#	
The street addr	ess of its registered office and the street address of the business office of its regi	stered ago	ent,	
1	as authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.			
the				
I hereby accept I further agree performance of agent. Or, if the	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as resistant is being filed merely to reflect a change in the registered office additional the corporation has been notified in writing of this change.	evistered		
	mature of Registered Agent Date		_	
If signing on be	chalf of an entity;			
Т	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)