

F12 000000 4705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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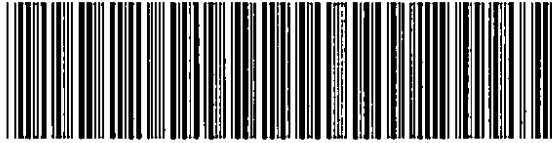
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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/30/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Partner Assessment Corporation
Name of Corporation

DOCUMENT NUMBER: F12000004705

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:

Paula Cole

Name of Contact Person

Partner Assessment Corporation

Firm/Company

611 Industrial Way West Suite A

Address

Eatontown, NJ 07724

City/State and Zip Code

Licensing@partneresi.com

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

For further information concerning this matter, please call:

Paula Cole

Name of Contact Person

at (732) 380-1700 x1238
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