

F19 000005588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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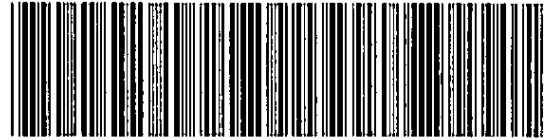
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shapiro & Company Architects, PC
Name of Corporation _____

DOCUMENT NUMBER: F19000005588

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:

Carla Allen

Name of Contact Person

Shapiro & Company Architects, PC

Firm/Company

4646 Poplar Ave. Suite 517

Address

Memphis, TN 38117

City/State and Zip Code

callen@shapiroandco.com

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

For further information concerning this matter, please call:

Carla Allen

Name of Contact Person

at (901)685-9001

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

1. The name of the corporation: Shapiro & Company Architects, PC
2. The principal office address: 4646 Poplar Ave. Suite 517 Memphis, TN 38117
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/18/2019 Document number: F19000005588
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)

SHAPIRO & COMPANY ARCHITECTS, PC INC

4646 Poplar Ave. Suite 517

Memphis, TN 38117

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Shapiro & Company Architects, PC

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.

Carla W. Allen

Signature of an officer or director

Carla W. Allen, Business Manager

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.

Bradford K Shapiro

Signature of Registered Agent

May 28, 2021

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)

May 25, 2021

Shapiro & Company Architects PC
4646 Poplar Ave Suite 517
Memphis, TN 38117

RE: Board of Architecture and Interior Design
Application Number: 35806, Profession 0202

Dear Sir or Madam:

We have received your application for licensure as an Architect Business Information. We are eager to help you begin your new profession in Florida but we are unable to complete the processing of your application for the following reasons:

The organization name listed on your application must match your registration with the Florida Division of Corporations at www.sunbiz.org. Please revise the business name so it matches.

Please do not reply to this email.

Option 1 for online applicants:

If you submitted your application using our online services you can submit the requested information through your online account. Please log onto your account at <http://www.myfloridalicense.com>, once logged in take the following steps:

1. Select "Application Status Inquiry" from the Functions menu on the left hand side of the main account screen
2. Locate the application you are submitting information for and select "Attach" on under Attachments
3. Use the "Browse" button to locate the file you need to upload from your computer
 - a. Once you have selected the file select Attach
 - i. You can attach multiple files if needed
 - b. Once all files have been attached select Save

An email will be sent to you confirming that the attachments have been uploaded to your application.

Option two for all applicants:

850.487.1395

2601 Blair Stone Road
Tallahassee, FL 32399-0783

www.MyFloridaLicense.com
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