F2100000le154

(F	Requestor's Name)			
(/	Address)			
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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SEP 20 S. PRATH



August 26, 2024

PAXTON CONSULTING GROUP CORP. MICHELE S. MATEUSZCZYK 5300 W ATLANTIC AVE, SUITE 602 DELRAY BEACH, FL 33484

SUBJECT: PAXTON CONSULTING GROUP CORP.

Ref. Number: F21000006154

We have received your document for PAXTON CONSULTING GROUP CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 224A00019134

Stacy Prather Regulatory Specialist III

SEP 16 AM

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	JECT: Paxton Consulting Group of Corporation	
DOCI	UMENT NUMBER: F21000006154	
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
	e return all correspondence concerning this	
Miche	ele S Mateuszczyk	
Name	of Contact Person	-
Paxton	n Consulting Group	
Firm/0	Company	
5300 V	W Atlantic Ave, suite 602	
Addre	ess	
Delray	Beh, FL 33484	
City/S	State and Zip Code	
	passingpretty@aol.com	
E-mai	il address: (to be used for future annual	report notification)
For fu	orther information concerning this matter. p	olease call:
Michel	le S. Mateuszczyk	at (⁷³²) ⁷¹³⁻³³⁶¹
	Name of Contact Person	at (732)713-3361 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the l	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

CR2E045 (04/13)

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 Statutes ange is submitted for a corporation organized under the laws of the State of <u>CA</u> or to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Paxton Consulting Group	
	office address: 5300 W Atlantic Ave, suite 502, Delray Beach, FL 33484	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 2/14/2007 Document number: F21000006154	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Michele S. Mateuszczyk	
	5300 W Atlantic Ave, suite 502	**
	Delray Beh FL 33484	ALL ST
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		5. 5.
	Michele S. Mateuszczyk	
	5300 W Atlantic Ave, suite 602	
	P.O Box NOT acceptable Delray Beach, FL 33484	
The street address changed will	ess of its registered office and the street address of the business office of its regist be identical.	tered agent.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.	SO
70	Stewart Ginn, President	
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity. In the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete point I am familiar with and accept the obligation of my position as registered agent in gilled merely to reflect a change in the registered office address. I hereby confine the proper and complete points from the confined in writing of this change.	performance Or, if this irm that the
1 / /	nature of Registered Agent Date	
It signing on be	chalf of an entity:	
Michele S. Mate		
ı	yped or Printed Name	

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