F56684

Joniki Guimachaniri A Publishin Prinston 639) sageweed W-y Deiray Beach Fil 33484			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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KINNA

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta hange is submitted for a corporation organized under the laws of the State of flor	ida	is
	der to change its registered office or registered agent, or both, in the State of Flor	rida.	
	f the corporation: JON H. GUTMACHER, P.A.		
2. The principal	al office address: 6391 Sagewood Way, Delray Beach, Fl. 33484		
3. The mailing a	address (if different):		
4. Date of incor	prporation/qualification: 12/2/1981 Document number: F56684		
5. The name and Florida Depar	nd street address of the current registered agent and registered office on file with a artment of State: (If resigned, enter resigned)	the	
	Jon H. Gutmacher		
	340 Hamlin Ave		
	Satellite Beach, Fl 32937	in The state of the state of th	202
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office :	<u> </u>	2020 JUN 22
	same registered agent		
	6391 Sagewood Way		AH 9
	P.O. Box NOT acceptable	, - , ;	9: 0:
	Delray Beach, Fl. 33484	• •	0
The street addre	ress of its registered office and the street address of the business office of its rell be identical.	gistered	agent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an offithe board, or the corporation has been notified in writing of the change.	icer so	
7	Jon Gutmacher, president		
•	ure of an officer or director Printed or typed name and title		 -
l hereby accept I further agree t of my duties, an document is beil corporation has	t 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 comple and I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby cost been notified in writing of this change.	te perfo zent. Or onfirm t	rmance if this hat the
-	1/19/20	2 C	;
Sign	gnature of Registered Agent Date		
f signing on bel	ehalf of an entity:		
Ту	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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