F95811

7. 24	(Requestor's Name)			
	(Address)			
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-	(City/State/Zip/Phone #)			
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PICK-U	P WAIT N	MAIL		
-	(Business Entity Name)			
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	(Document Number)			
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Certified Copies	Certificates of Status			
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Chariel Instruction	e te Ciling Offing			
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

AFROM SILED



COVER LETTER

TO: 'Amendment Division or	nt Section f Corporations		
SUBJECT:	DeFabio and Name of C	Fenn, P.A	
DOCUMENT NU	MBER:	F95811	···
The enclosed State	ment of Change of Registered Offic	ce/Agent and fee are subm	itted for filing.
Please return all co	rrespondence concerning this matte	er to the following:	.
	LEONARI Name of Co	D P. FENN ontact Person	· · ·
	_	ND FENN PA	
	2100 PONCE DE LE	ON BLVD, STE 1180	:
	CORAL GABI	ES, FL 33134 nd Zip Code	
_	fennlawoffice@ E-mail address: (to be used for		fication)
For further informa	ation concerning this matter, please	call:	
	ard P. Fenn, Esquire ne of Contact Person	at (<u>305</u>) Area Code & Dayt	448.7200 ime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Depar	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve Center Circle

₹.

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor ange is submitted for a corporation organized under the laws of the State	of_Florida
in order	er to change its registered office or registered agent, or both, in the State	of Florida.
1. The name of the	the corporation: DeFabio and Fenn PA	
2. The principal		
	Coral Gables, FL 33134	
3. The mailing ac	address (if different): Same as above	
4. Date of incorp	poration/qualification: 8/30/1982 Document number:	F95811
	d street address of the current registered agent and registered office on fil atment of State: (If resigned, enter resigned)	e with the
	Leonard P. Fenn	
	2100 Ponce de Leon Blvd, Ste 1180	TALL SECTION
	Coral Gables, FL 33134	— - 353
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	d office
	2100 Ponce de Leon Blvd, Ste 1180	
	Coral Gables, FL 33134	*****
	P.O. Box NOT acceptable	
The street addre	ress of its registered office and the street address of the business office I be identical.	of its registered agent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or being board, or the corporation has been notified in writing of the change	y an officer so
Signatur	Leonard P. Printed or typed name	
I hereby accept I further agree t of my duties, an document is bein 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 I am familiar with and accept the obligation of my position as registing filed merely to reflect a change in the registered office address, I have been notified in writing of this change.	i complete performance stered agent. Or, if this hereby confirm that the
Sigi	7/22/20 guidiure of Registered Agent Date	10
If signing on be	ehalf of an entity:	
	Leonard P. Fenn 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 (8/05)