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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future

Email Address:\_\_\_\_\_

annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE PETER N. FELD, P.A.

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Page Count	02
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	, ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of	
1. The name of	the corporation. PETER N. FE	LD, P.A.	
	office address:		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/22/1	Document number: G92672	
	d street address of the current rtment of State: (If resigned, c	registered agent and registered office on file with the nter resigned)	
	FELD, PETER N		
	629 S.W. 1ST AVE		
	FT. LAUDERDALE, FL 33301		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office 28 HM =		
	Northwest Registered Agent LL		
	7901 4th St N STE 300	70.00	
	St. Petersburg FL 33702	P.O. Box NOF acceptable	
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its registered agent.	
Such change wa authorized by il	as authorized by resolution due board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.	
	e de la companya de l	Peter Feld - Director	
	re of an officer or director	Printed or typed name and title	
I further agree i of my duties, an document is bei	the appointment as registere to comply with the provisions at I am familiar with and acc ing filed merely to reflect a cl s been notified in writing of the	ed agent and agree to act in this vapacity.  cof all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.	
Signature of Registered Agent		05/18/2023	
Signature of Registered Agent		Date	
If signing on be	half of an entity:		
Taylor Newman			
·r	youd or Printed Name	······································	

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