## 694417

(Requestor's Name)		
(Address)		
(Address)		
(		
(C:L:(C-L[7:[D]		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
Certified Copies Certificates of Status		
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2024 SEP 11 PM 1: 02

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Sasser and Weber, P.A. Name of Corporation		
DOCUMENT NUMBER: G94417		
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:	
Nancy S. Weber		
Name of Contact Person		
Sasser and Weber, P.A.		
Firm/Company		
1217 Mt. Vernon Street		
Address		
Orlando, FL 32803		
City/State and Zip Code		
nweber@sasserweberlaw.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	lease call:	
Nancy S. Weber	at (407 ) \$96-0491	
Name of Contact Person	at (407 ) 896-0491 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	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	e provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized ler to change its registered office or registered	under the laws of the State of Florida
1. The name of	the corporation: Sasser and Weber, P.A.	
	l office address: 1217 Mt. Vernon Street	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 04/03/1984	_ Document number: G94417
	nd street address of the current registered agent artment of State: (If resigned, enter resigned)	and registered office on file with the
	N. Lee Sasser, Jr.	
	1217 Mt. Vernon Street	
	Orlando, FL 32803	78.2
6. The name and (if changed):	Orlando, FL 32803 and street address of the new registered agent (if	f changed) and /or registered office SSEE FLORIDGE
	Nancy S. Weber	EE.F
	1217 Mt. Vernon Street	[OR]
	P.O. Box NO Orlando, FL 32803	l'acceptable
The street address changed will	ress of its registered office and the street add Il be identical.	ress of the business office of its registered agent.
Such change wanthorized by the	vas authorized by resolution duly adopted by the board, or the corporation has been notified.	its board of directors or by an officer so ed in writing of the change.
Sigham	ure of an officer or director	Printed or typed name and title
A further aorée	If the appointment as registered agent and age to comply with the provisions of all statutes and I am familiar with and accept the obligate ving filed merely to reflect a change in the re as been notified in writing of this change.	gree to act in this capacity. relative to the proper and complete performance ion of my position as registered agent. Or, if this gistered office address, I hereby confirm that the
<u> </u>	gnature of Registered Agent Sc	eptemeber 5, 2024
	chalf of an entity:	
Sasser and Webe	•	
7	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)