

J45997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

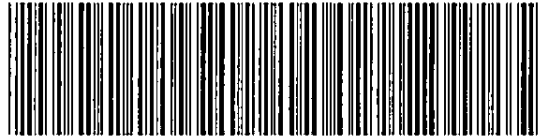
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800427686328

RA & RO
Change

2024 APR 17 PM 12:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 17 PM 3:16
RECEIVED
CORPORATIONS
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 18, 2024

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/17/2024

****WALK IN****

ENTITY NAME Mehta And Associates, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35

ACCOUNT #: I20160000072

E R J/10

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mehta and Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: 59-2827930

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:

Jeff Maronn

Name of Contact Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

professional@harborcompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Maronn

Name of Contact Person

at (717) 940-7566
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mehta and Associates Inc.
2. The principal office address: ONE PURLIEU PLACE STE 100 WINTER PARK, FL 32792
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/08/1986 Document number: J45997
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lowman, William R, JR ESQ
1000 LEGION PL STE 1700 ORLANDO FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc
7901 4th St N Ste 300
St. Petersburg, FL 33702

P.O. Box NOT acceptable

FILED
 2024 APR 17 PM 12 19
 DEPARTMENT OF STATE
 TALLAHASSEE, FL 32314

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/Chris Statham
 Signature of an officer or director

Chris Statham, Secretary
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David Roberts
 Signature of Registered Agent

02/14/2024
 Date

If signing on behalf of an entity:

David Roberts - Assistant Secretary
 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)