## J56789

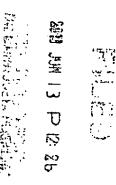
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## COVER LETTER

TO: Amendment Section Division of Corporations Norman D. Levin, P.A. Name of Corporation DOCUMENT NUMBER: <u>J5</u>6789 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: Trish Hill Name of Contact Person Norman D. Levin, P.A. Firm/Company 365 Wekiva Springs Road, Suite 147 Address Longwood, Florida 32779 City/State and Zip Code norman.d.levin@helpisontheway.cc E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Trish Hill Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

•	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F ge is submitted for a corporation organized under the laws of the S	
•	to change its registered office or registered agent, or both, in the S	• ———
1. The name of the	e corporation: Norman D. Levin, P.A.	
2. The principal off	ffice address: 365 Wekiva Springs Road, Suite 147	<u> </u>
Longwood,	, Florida 32779	
3. The mailing addr	dress (if different): Same	
4. Date of incorpora	oration/qualification: 02/09/1987 Document number:	56789
	street address of the current registered agent and registered office of ment of State: (If resigned, enter resigned)	n file with the
<u>N</u>	Norman D. Levin	
16	65 W Jessup Ave., Suite B	
Lo	ongwood, Florida 32750	
6. The name and str (if changed):	treet address of the new registered agent (if changed) and /or regist	ered office
N	Norman D. Levin	<u> </u>
36	365 Wekiva Springs Road, Suite 147	To the
	P.O. Box NOT acceptable	- F
	ongwood, Florida 32779	
The street address as changed will be	s of its registered office and the street address of the business office identical.	ce of its registered agent,
Such change was a authorized by the b	authorized by resolution duly adopted by its board of directors or board, or the corporation has been notified in writing of the chan	by an officer so ge.
Numar -	Norman D. Levin,	
I hereby accept the	Printed or typed not an officer or director  the appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper a y duties, and I am familiar with and accept the obligation of my particularly document is being filed merely to reflect a change in the register at the corporation has been notified in writing of this change.	itv
Now	06/01/2019	
_	ure of Registered Agent Date	
If signing on behalf	•	
Norman D. Le	evin, P.A.	
.,,,,,	* * * 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 (03/12)