

K05283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

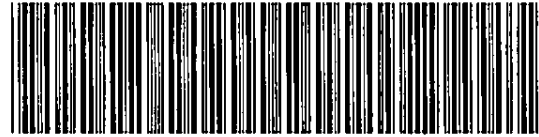
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA

AUG 23 2017
C. McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Terry L. Fogel, P.A.

Name of Corporation

DOCUMENT NUMBER: K05283

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:

Terry L. Fogel
Name of Contact Person

Terry L. Fogel, PA
Firm/Company

7935 SW 97 St.
Address

Miami, FL 33156
City/State and Zip Code

tfogel@fogelrubinfogel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel D. Fogel at (205) 761-9556
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017 AUG 17 AM 9:18
FILING

**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: Terry L. Fogel, P.A.
2. The principal office address: 7935 SW 97 St.
Miami, FL 33156
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/01/1987 Document number: K05283
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)

Terry L. Fogel

44 W Flagler St., Suite 350

Miami, FL 33130

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

Cynthia S. Sobel, CPA

900 S Pine Island Rd., Suite 220

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Terry Fogel
Signature of officer or director

Terry L. Fogel (P)
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.

Cynthia Sobel (P)
Signature of Registered Agent

7/27/11
Date

If signing on behalf of an entity:

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 (03/12)

2011 AUG 17 AM 9:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA