K53955

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Elint) Herite,
(Document Number)
(Booting At Valley)
Continued Coming Contribution of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. DENNIS 11/2010004
11/2012024





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date: 11/18/2024	
Name: Cheyanne I	Davis
Reference #: 2538	3875
Entity Name: PASCARELLA, I	HOOVER, FINKLESTEIN AND WAGNER, D.P.M., P.C.
Articles of Incorporation	n/Authorization to Transact Business
Amendment	
☐ Change of Agent	
Reinstatement	
✓ Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount:	\$35.00
Signature: Jum Pai	ine

F: +852.2682.9790

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

statement of char	ige is submitted for a c	orporation organi	, 607.1508, or 617.1508, Fi zed under the laws of the St red agent, or both, in the St	ate of	Florida		-
	ne corporation:	December Use	ver, Finklestein and Wagni	•			
2. The principal of	office address: 661 E.	ALTAMONTE DE	R. SUITE 210 ALTAMONTE	E SPRING	S, FL 3	32701	<u> </u>
3. The mailing ac	ldress (if different):						<u>-</u>
4. Date of incorporation/qualification:12/27/1998 Document number:				K5	K53955		
5. The name and		ırrent regis <mark>tere</mark> d ag	ent and registered office on		he		
		PASCARELLA, E	UGENE M.			2	
	661	661 E. ALTAMONTE DR., SUITE 210			SECR SECR	2024 NOV	
	ALTAMONTE SPRINGS, FL 32701					07 20	1: : <u>=</u> :
6. The name and (if changed):	street address of the no	ew registered agent Cogency Glol	(if changed) and /or registed	ered office	AC LA SIVI	0 PH 12: 02	HED
	 11	5 North Calhoun S	Street, Suite 4		्रीका	2	
		P.O. Box	NOT acceptable				
		Tallahassee, Flor	rida 32301 				
The street address as changed will	ss of its registered offi be identical.	ce and the street a	ddress of the business offic	ce of its re	gisterec	d agen	ıt.
Such change was authorized by the	s authorized by resolu e board, or the corpora	tion duly adopted ition has been noti	by its board of directors or fied in writing of the chan	by an offi ge	cer so		
Eugene	Pascarella of an officer or director		Eugene M Pascarella	3 Author	rized F	² er <u>s</u> c	ก
I hereby accept to I further agree to of my duties, and document is being to the contract of t	he appointment as res	tistered agent and visions of all status ad accept the oblig ct a change in the	Printed or typed nar agree to act in this capaci tes relative to the proper a cation of my position as reg registered office address,	ity. nd comple	te perfo gent, O onfirm	orman r, if th that th	ce iis ie
/s/ Timothy N	Mayville Assistant	Secretary	11/20/2024				_
Sign If signing on beh	ature of Registered Agent		Date				
Ty	ped or Printed Name						

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