

K67519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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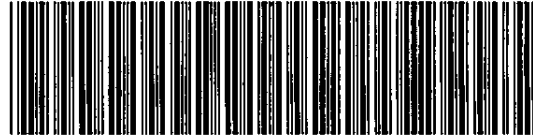
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**BARITZ & COLMAN LLP**

ATTORNEYS AT LAW

OFFICES IN FLORIDA & NEW YORK

1075 Broken Sound Parkway, NW  
Suite 102  
Boca Raton, Florida 33487  
561.864.5100  
Facsimile: 561.864.5101

September 16, 2016

**VIA Federal Express Overnight Mail**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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DIVISION OF CORPORATIONS  
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RE: Meg Green & Associates Inc.  
K67519

Greetings:

Enclosed please find Statement of change of Registered Agent and Officer/Director Resignation together with the checks for \$35.00 each for the filing fees. Please file and e-mail the filed stamped copy to [mizzo@baritzcolman.com](mailto:mizzo@baritzcolman.com)

If there is any problem with the filing please contact me, immediately. Thank you for your assistance.

Very truly yours,

BARITZ & COLMAN LLP

  
Michelle Izzo Chirichigno, Paralegal

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Meg Green & Associates, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** K67519

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:

Michelle Izzo Chirichigno

Name of Contact Person

Baritz & Colman LLP

Firm/Company

1075 Broken Sound Parkway NW #102

Address

Boca Raton FL 33487

City/State and Zip Code

mizzo@baritzcolman.com

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

For further information concerning this matter, please call:

Michelle Izzo Chirichigno

Name of Contact Person

at ( 561 ) 864-5100

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

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**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: Meg Green & Associates, Inc.
2. The principal office address: 2627 Ives Dairy Rd #201, N. Miami Beach, FL 33180
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 2/22/89 Document number: K67519

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)

Jonathan H. Green & Associates, P.A.

800 Brickell Ave, Suite 1400

Miami, FL 33131

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

Baritz & Colman LLP

1075 Broken Sound Parkway NW #102

P.O. Box NOT acceptable

Boca Raton, FL 33487

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

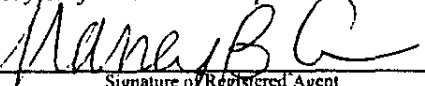
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Todd Battaglia, President

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.*

  
Signature of Registered Agent

9/16/16  
Date

If signing on behalf of an entity:

Nancy B Colman, Esq.  
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)

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