L15000161090

(Requestor's Name)					
(Address)					
(Address)					
(
	_				
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Deguns and Alumbar)					
(Document Number)					
Certified Copies Certificates of St	atus				
Special Instructions to Filing Officer:					
Special institutions to Filing Officer.					





500414822125

09/05/23--01013--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VERITY GROUP, PLLC Name of Corporation
DOCUMENT NUMBER: L15000161090
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:
JACALYN MURRAY
Name of Contact Person VERITY GROUP, PLLC
Firm/Company
521 SE 14 STREET
Address
POMPANO BEACH FL 33060
City/State and Zip Code
JACALYNM@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JACALYN MURRAY 218-0006
Area Code & Daytime Telephone Number JACALYN MURRAY Name of Contact Person at (954)218-0006 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of ch	ange is submitted for a corporation	617.0502 , 607.1508 , or 617.1508 , Florida 9 in organized under the laws of the State of $\frac{1}{2}$ is registered agent, or both, in the State of F	Florida
			wa.
1. The name of	the corporation: VERITY GROUP	, rece	
2. The principa POMPANO BE	l office address: 521 SE 14 STREET ACH FL 33060	<u> </u>	
3. The mailing	address (if different): SAME	14 17 18 18 18 18 18 18 18 18 18 18 18 18 18	,
4. Date of inco	rporation/qualification: 09/22/2015	Document number: L1500016	51090
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file wiresigned)	th the
	UNITED STATES CORPORATION	ON AGENTS, INC	_
	476 RIVERSIDE AVE		_
	JACKSONVILLE, FL 32202		_
6. The name an (if changed):	~	red agent (if changed) and /or registered of	lice .
	JACALYN MURRAY		_
	521 SE 14 STREET		
		P.O. Box NOT acceptable	-
	POMPANO BEACH, FL 33060		ే ఆం - ట
The street addras changed wil	ress of its registered office and the l be identical.	e street address of the business office of it	
Such change wanthorized by	vas authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an been notified in writing of the change.	officer so
		JACALYN MURRAY	
- 1	ure of pri officer or director	Printed or typed name and to gent and agree to act in this capacity,	lle -
I further agree of my duties, a document is be	to comply with the provisions of nd I am familiar with and accept sing filed merely to reflect a chan is been notified in writing of this c	all statutes relative to the proper and con the obligation of my position as registered ge in the registered office address. I herel	iplete performance d agent. Or, if this y confirm that the
	XW	08/30/2023	
	grature of Registered Agent	Date	
If signing on b	chalf of an entity:		
	Typed or Printed Name	_	
	••	NG 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)