

L16000 218462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

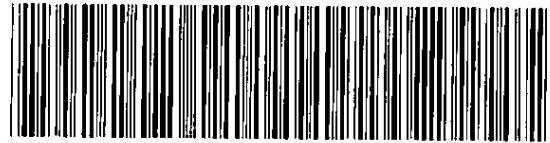
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AUG 20 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLGAN DOMINELLI LAW, PLLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wesley B Colgan III

Name of Person

COLGAN DOMINELLI LAW, PLLC

Firm/Company

848 Brickell Ave, Suite 301

Address

Miami, FL 33131

City/State and Zip Code

wes@codolaw.com

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

For further information concerning this matter, please call:

Wesley B Colgan

Name of Person

at (484)

432-8334

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: COLGAN DOMINELLI LAW, PLLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

848 Brickell Ave., Suite 301

848 Brickell Ave., Suite 301

Miami, FL 33131

Miami, FL 33131

12/01/2016

L16000218462

3. _____
Date of filing/registration in Florida

4. _____
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Wesley B Colgan III

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

848 Brickell Ave., Suite 302

Miami, FL 33131

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Wesley B Colgan III

NEW Registered Office Address:

848 Brickell Ave., Suite 301

Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Wesley B Colgan III
Signature of a member or authorized representative of a member

Wesley B Colgan III
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Wesley B Colgan III
Signature of Registered Agent

FILED
2024 AUG 12 AM 9:02
TALLAHASSEE, FL
DIVISION OF CORPORATIONS