Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:		
maii Addiess:		 <u> </u>

REGISTERED AGENT CHANGE ERIC DORSKY, P.A.

Certificate of Status	0
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Corporate Filing Menu

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11:N 2 2 2025

. . . CAPITOL SERVICES

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

statement of change is sul	bmitted for a corporation or	0502, 607.1508, or 617.1508, Flori ganized under the laws of the State	of FLORIDA			
		gistered agent, or both, in the State	of Florida.			
1. The name of the corpor	ration: ERIC DORSK	Y, P.A.				
2. The principal office address: 7320 GRIFFIN ROAD 220 DAVIE, FL 33314						
3. The mailing address (if	f different):					
4. Date of incorporation/q	pualification: 10/24/198	9 Document number: L25	5140			
	dress of the current registere State: (If resigned, enter resi	ed agent and registered office on file gned)	e with the			
DORSE	KY, ERIC ESQ.					
7320 G	RIFFIN ROAD, SUITE 2	20	205 HAY 30			
DAVIE,	, FL 33314		- 10 P			
(if changed):	_	agent (if changed) and /or registered	loffice 9			
Сарпоі	Capitol Corporate Services, Inc.					
515 Eas	515 East Park Avenue 2nd Fl					
Tallaha	ssee, FL 32301	. Box NOT acceptable				
The street address of its ras changed will be identi-	registered office and the strical.	eet address of the business office o	of its registered agent,			
Such change was authori authorized by the board,	zed by resolution duly ador or the corporation has been	oted by its board of directors or by i notified in writing of the change.	an officer so			
/s/Eric Dors	sky	Eric Dorsky, Authoria				
I hereby accept the appoi I further agree to comply of my duties, and I am fa document is being filed n		Printed or typed name at and agree to act in this capacity, statutes relative to the proper and cobligation of my position as registen the registered office address, I heave.				
3	Parelanks'	5/30/2025				
Signature of Rec	gistered Agent	Date				
If signing on behalf of an	entity:					
		of Capitol Corporate Services, la	nc.			
Typed or Print						
	* * * 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 (04/13)