

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	idress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
J. HORNE				
APR 1 7 2024				
	<i>F</i> 11 (1)			

Office Use Only



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03/25/24--01010--009 **35.00



COVER LETTER

TO:	O: Amendment Section Division of Corporations				
SUBJ Name	ECT: Jordan E. Bublick PA of Corporation				
DOCI	JMENT NUMBER: M25967	·			
The er	nclosed Statement of Change of Registere	ed Office/Agent and	fee are	e submitted for filing.	
Please	return all correspondence concerning thi	s matter to the follo	wing:		
Jordan	E. Bublick				
Name	of Contact Person				
Jordan	E. Bublick PA				
Firm/C	Company				
	Millenia Blyd., Suite 500				
Addre	SS				
Orland	lo. FL 32839				
City/S	tate and Zip Code				
•	jbublick@bublicklaw.com				
E-mai	il address: (to be used for future annua	l report notification	on)		
			···,		
For fu	rther information concerning this matter.	please call:			
Jordan	E. Bublick	, 305		891-4055	
-	Name of Contact Person	Area	Code a) 891-4055 & Daytime Telephone Numbe	r
Enclos	sed is a \$35.00 check made payable to the				
	Mailing Address:	Street Add			
	Amendment Section		Amendment Section		
	Division of Corporations	Division of Corporations			
	P.O. Box 6327 The Centre of Tallahassee			illahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida be or registered agent, or both, in the State of Florida.				
1. The name of	the corporation: Jordan E. Bubl	liek PA				
2. The principal	office address: 4700 Millenia F	Blvd., Suite 500, Orlando, FL 32839				
3. The mailing a	address (if different):					
4. Date of incorporation/qualification: 1/16/86 Document number: M25967						
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file with the nter resigned)				
	Jordan E. Bublick					
	1200 South Pine Island Rd.					
	Plantation, FL 33324					
6. The name and (if changed):	d street address of the new regi	istered agent (if changed) and /or registered office				
-	Jordan E. Bublick	1024				
	Jordan E. Bublick 4700 Millenia Blvd., Suite 500					
	P.O. Box NOF acceptable					
	Orlando, FL 32839					
The street address changed will	ess of its registered office and l be identical.	the street address of the business office of its registered agent.				
Such change wauthorized by t	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.				
Qo.	RA O	Jordan E. Bublick, President				
() '	of M officer or director	Printed or typed name and little				
I further agree of my duties, ar document is be	to comply with the provisions	d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this tange in the registered office address. I hereby confirm that the is change.				
Della	RA OD	3/17/24				
SI	mature of Registered Agent	Date				
If signing on bo	chalf of an entity:					
	Savad or Drintod Name					
'	Typed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/L3)

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