

NO1000003061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

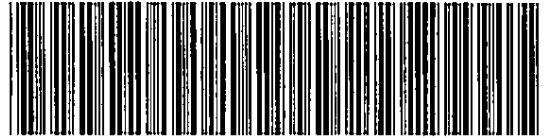
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OFFICE OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

Florida CPA Political Action Committee-Central, Inc.

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** N01000003061

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:

Kenneth R. Hart

\_\_\_\_\_  
Name of Contact Person  
Ausley McMullen

\_\_\_\_\_  
Firm/Company  
P.O. Box 391

\_\_\_\_\_  
Address  
Tallahassee, FL 32302

\_\_\_\_\_  
City/State and Zip Code  
Shelly@ficpa.org

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

For further information concerning this matter, please call:

Kenneth R. Hart

850 425-5462

\_\_\_\_\_  
Name of Contact Person

at ( ) \_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Florida CPA Political Action Committee-Central, Inc.  
2. The principal office address: 250 South Orange Avenue, Suite 300P, Orlando, FL 32801

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 05/01/2001 Document number: N01000003061

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)

Shelly Weir, Registered Agent

3800 Esplanade Way, Suite 210

Tallahassee, FL 32311

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

Fairwinds Tower, 135 W. Central Blvd., Suite 1140

P.O. Box NOT acceptable

Orlando, FL 32801

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.

Shelly J. Weir  
Signature of an officer or director

Shelly Weir, 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.*

Shelly J. Weir  
Signature of Registered Agent

August 9, 2022

Date

If signing on behalf of an entity:

Shelly Weir/Florida CPA Political Action Committee-Central, Inc.

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE