10200009278

(Requestor's Name) (Address) (Address)	400304444634		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	10/16/1781019811 **\$5.08		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	S TALLENT 0CT 18 2017 OCT 18 2017 FILE D W W W W W W W W W W W W W		

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Add registered agent to firm

Name of Corporation

NO2000009270

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:

Parsons Park Professional Assoc,Inc. Firm/Company 885 S. Parsons Avenue Address Brandon Florida 33511 City/State and Zip Code rriley22@jhmi.edu E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Riley

Name of Contact Person

at (813) 436-5904

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 6. nge is submitted for a corporation r to change its registered office or	organized under the law.	s of the State of Florida	
1. The name of t	he corporation: Parsons Profe	essional Park Asso	ociation, Inc.	
2. The principal	office address: 885 S. Parsor	ns Avenue		
	Brandon, Fl 33	3511		
3. The mailing a	ddress (if different):			
		312002		
4. Date of incorp	poration/qualification: 08/18/20	Document n	umber: N0200009270	
5. The name and	I street address of the current regis tment of State: (If resigned, enter)	tered agent and registered	office on file with the	
	Robin Riley			
	885 S. Parsons Avenue			
	Brandon, Fl 33511	<u> </u>	130	<u> </u>
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and	/or registered office P	LED
	Karyn Scech, LLC.			
	3416 Eastmonte Dr.		· · · · · · · · · · · · · · · · · · ·	
		Sox NOT acceptable		
	Valrico, Fl 33596			
The street address changed will	ess of its registered office and the be identical.	street address of the bus	iness office of its registered age	nt,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of di een notified in writing of	rectors or by an officer so the change.	
Tobias de	Les Treas Secs.	•	Treasurer/Secretary	-
I further agree i performance of agent. Or, if th	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not	ill statutes relative to the and accept the obligation to reflect a change in the	proper and complete on of my position as registered registered office address, I	
John J	Dlu	10/11/17		
(nature of Register d Agent		Date	-
It signing on be	half of an entity:			
	ofessional Park Assoc, Inc.			
I.	Short of Littled Maille			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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