

P00000080733

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

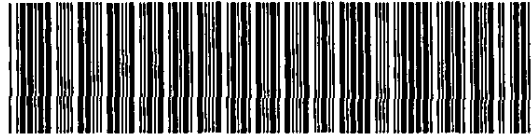
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300295955243

03/06/17--01014--009 \*\*35.00

2017 MAR -6 PM 1:17

V HERRING

MAR - 7 2017

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUSAN LEVIN PHD PA  
Name of Corporation

**DOCUMENT NUMBER:** P000000 80733

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:

SUSAN LEVIN  
Name of Contact Person

SUSAN LEVIN PHD PA  
Firm/Company

2200 NW Corporate Blvd, Ste 300  
Address

BOCA RATON FL 33431  
City/State and Zip Code

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

For further information concerning this matter, please call:

SUSAN LEVIN at (561)  
Name of Contact Person 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**

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: SUSAN LEVIN PHD PA  
2. The principal office address: 2200 NW Corporate Blvd, Ste 300  
Boca Raton FL 33431  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/21/2000 Document number: 8000000 80733

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)

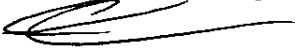
SUSAN LEVIN  
500 N 5<sup>th</sup> Ave Suite 2B  
Delray Beach FL 33483

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

SUSAN LEVIN  
2200 NW Corporate Blvd, Suite 300  
P.O. Box NOT acceptable  
BOCA RATON FL 33431


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.

  
\_\_\_\_\_  
Signature of an officer or director

SUSAN LEVIN  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

3/2/17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* 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 (03/12)

2017 MAR -6 PM 1:17