

PD1000024539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

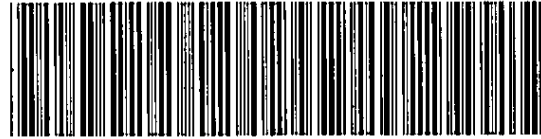
(Business Entity Name)

(Document Number)

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SEP 11 2019
C. H. H. H. H.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Benjamin P. Shenkman, P.A.
Name of Corporation

DOCUMENT NUMBER: P01000024539

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:

Ben Shenkman

Name of Contact Person

Benjamin P. Shenkman, P.A.

Firm/Company

110 Professional Way

Address

Wellington, FL 33414

City/State and Zip Code

bshenkman@gsblawfirm.com

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

For further information concerning this matter, please call:

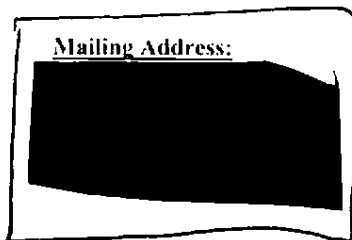
Ben Shenkman

Name of Contact Person

at (561) 227-1575

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.



Mailing Address:

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 SEP 23 AM 9:20

**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: Benjamin P. Shenkman, P.A.
2. The principal office address: 110 Professional Way, Wellington, FL 33414

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/8/2001 Document number: P01000024539

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)

Benjamin P. Shenkman, Esq.

1035 South State Road 7, Ste. 312

Wellington, FL 33414

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

Benjamin P. Shenkman, Esq.

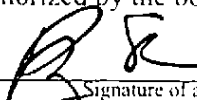
110 Professional Way

P.O. Box NOT acceptable

Wellington, FL 33414

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.

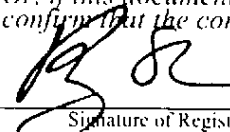


Signature of an officer or director

Benjamin P. Shenkman, Esq.

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

9/19/19

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