## P01000079299

(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



500353949695

10/26/20--01018--007 \*\*35.00

:0: /i.: io:

2023

t C'Ch?

DEC 0.5 2000

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: PATERSON ACCOUNTING SERVICE Name of Corporation		
DOCUMENT NUMBER: P01000079299		
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
MARGARET A PATERSON		
Name of Contact Person		
PATERSON ACCOUNTING SERVICES INC.		
Firm/Company		
3316 NE SUGARHILL AVENUE		
Address		
JENSEN BEACH, FL 34957		
City/State and Zip Code		
PATERSONACCT@COMC	CAST.NET	
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter,	please call:	
MARGARET A PATERSON	at (772 ) 283-1088 Area Code & Daytime Telephone Number	
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	Street Address:	
	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

Tallahassee, FL 32303

CR2E045 (04/13)

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

4444 4 AM AMERICA 4 4 AM AM AM AM AM
ITING SERVICES,INC.
AVENUE, JENSEN BEACH, FL 34957
Document number: P01000079299
d agent and registered office on file with the gned)
gent (if changed) and /or registered office
<u>.</u>
Box NOT acceptable
et address of the business office of its registered agent,
ted by its board of directors or by an officer so notified in writing of the change.
MARGARET A PATERSON
Printed or typed name and title  and agree to act in this capacity.  tatutes relative to the proper and complete performance  bligation of my position as registered agent. Or, if this  the registered office address, I hereby confirm that the  ge.
OCTOBER 21, 2020
Date

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