

PD1000103187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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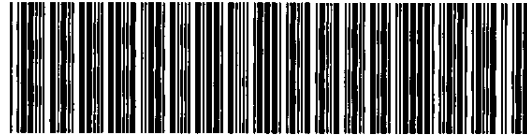
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
DEC 16 2013  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shendell & Associates, P.A.

Name of Corporation

**DOCUMENT NUMBER:** 728948

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:

Tamar Duffner Shendell, Esq.

Name of Contact Person

Shendell & Associates, P.A.

Firm/Company

5340 N. Federal Highway, Suite 201

Address

Lighthouse Point, FL 33064

City/State and Zip Code

Tamar@shendell-law.com

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

For further information concerning this matter, please call:

Tamar Duffner Shendell

Name of Contact Person

at ( 954 ) 781-3747

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: Shendell & Associates, P.A.
2. The principal office address: 5340 N Federal Highway, Suite 201, Lighthouse Point, FL 33064
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/25/01 Document number: P01000103187

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)

Shendell & Associates, P.A.  
3650 N Federal Highway, Suite 202  
Lighthouse Point, FL 33064

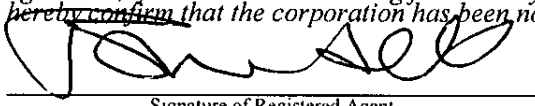
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shendell & Associates, P.A.  
5340 N Federal Highway, Suite 201  
P.O. Box NOT acceptable  
Lighthouse Point, FL 33064

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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	_____ Printed or typed name and title
<i>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.</i>	
 _____ Signature of Registered Agent	<u>12/3/13</u> _____ Date

If signing on behalf of an entity:

Tamar Duffner Shendell  
\_\_\_\_\_  
Typed or Printed Name

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