

P01000103187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

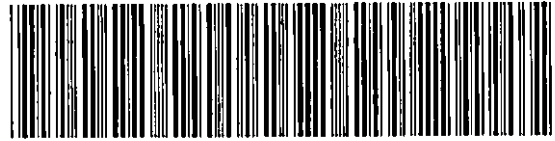
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Shendell & Associates, P.A.

Name of Corporation

DOCUMENT NUMBER: P01000103187

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

635 SE 10 Street, Suite 635A

Address

Deerfield Beach, FL 33441

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

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2017

TAMAR DUFFNER SHENDELL  
SHENDELL & ASSOCIATES, P.A.  
635 SE 10 STREET, SUITE 635A  
DEERFIELD BEACH, FL 33441

We have received your document for SHENDELL & ASSOCIATES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

I know that the company has been listed as the registered agent since 2013 but we need to get this changed now. Please make the appropriate change on the attached application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 817A00022587

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17 DEC 18 AM 11:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: 635 SE 10 Street, Suite 635A, Deerfield Beach, FL 33441
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/25/2001 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, PA

5340 NORTH FEDERAL HIGHWAY SUITE 201

LIGHTHOUSE POINT, FL 33064

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

Tamar Duffner Shendell, Esq.

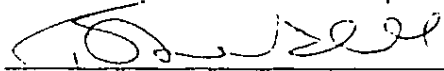
635 SE 10 Street, Suite 635A

P.O. Box NOT acceptable

Deerfield Beach, FL 33441

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

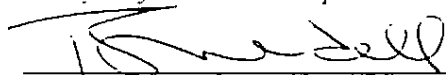
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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

Tamar Duffner Shendell, President

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

12-12-17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

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

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

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