

P030000 518Z1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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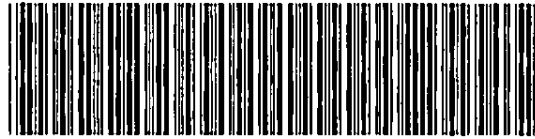
(Business Entity Name)

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2020 FEB -5 AM 10:15

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FEB 06 2020

S. YOUNG
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2020

KAREN S WERLING
KAREN WERLING PA
1557 COASTAL OAKS CIRCLE N
FERNANDINA BEACH, FL 32034

SUBJECT: KAREN WERLING, PA
Ref. Number: P03000051821

904.556.9402

We have received your document for KAREN WERLING, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NEW REGISTER AGENT MUST BE LISTED IN #6

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 620A00002050

RECEIVED

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Karen Werling PA
Name of Corporation

DOCUMENT NUMBER: 02-0691194

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:

Karen S Werling

Name of Contact Person

Karen Werling PA

Firm/Company

1557 Coastal Oaks Cir N

Address

Fernandina Beh., FL 32034

City/State and Zip Code

Karenwerling@bellsouth.net

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

For further information concerning this matter, please call:

Karen Werling

Name of Contact Person

at (904)

556-9549

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: Karen Werling PA
2. The principal office address: 1557 Coastal Oaks Cir N
Fernandina Beh., FL 32034
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 2, 2003 Document number: 02-0691194
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)

Karen Werling

1557 Coastal Oaks Cir N

Fernandina Beh., FL 32034

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

KAREN WERLING

1557 COASTAL OAKS CIR N

P.O. Box NOT acceptable

FERNANDINA BEH., FL 32034

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	<u>Karen Werling President</u> 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.

Karen Werling PA
Signature of Registered Agent

12/19/15
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 (04/13)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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