P04000033198

(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



600392498956

SEGRED AND OF STATE

CT 31 AM 10: 16

2022 OC | 31 AH | 1:51

A. BUTLER NOV - 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95				
	REFERENCE	:	085869	7813533				
	AUTHORIZATION	: (Soull of a	no				
	COST LIMIT	:	\$ 3500	NO S				
ORDER DATE :	October 28, 2022	· - ·						
ORDER TIME :	9:33 AM							
ORDER NO. :	085869-005							
CUSTOMER NO:	7813533							
	·	. .						
CHANGE OF AGENT								
NAME:	ANDREW M. FEL	1AMQ1	N, P.A.					
PLEASE RETURN	THE FOLLOWING AS	S PRO	OOF OF FILI	NG:				
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON	I: Alexxis Weila	ınd -	- EXT#					

EXAMINER:

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

statement of cha	nge is submitte	vuons 607.0502, 617. d for a corporation or registered office or rej	ganized under the law	ws of the State of <u></u>	lorida	<u> </u>	
1. The name of t	he corporation:	ANDREW M. FELD	MAN, P.A.				
2. The principal	office address:	9100 S. Dadeland B	Joulevard, Suite 1500), Miami, FL 33156	3		-
3. The mailing a	ddress (if differ	rent);					-
4. Date of incorp	oration/qualific	cation: February 17,			33198		_
		of the current registere (If resigned, enter res		ed office on file wit	h the		
	Feldman, And	drew M					
	9100 S. Dade	eland Boulevard, Suite	e 1500				
	Miami		FL	33156	- 6	2022	
6. The name and (if changed):	street address	of the new registered	agent (if changed) and	d /or registered offi	ce A	2022 OCT 3 I	
	Corporation S	Service Company			a Oct	72	1.5
	1201 Hays St	reet				AM IO:	-
	-	P.O	. Box. NOT acceptable			9	
	Tallahassee		FL.	32301	, , ,	•	
The street addre	ss of its registe be identical.	ered office and the str	eet address of the bu	siness office of its	registere	d agent	•
Such change wa authorized by th	s authorized be board, or the	y resolution duly ado corporation has beer	pted by its board of control in oriting of	lirectors or by an o	officer so		
			Andrew M. Feld	lman	Director		
Signatur	c of an officer or du	rector	Print	cd or typed name and titl	-		
I hereby accept I further agree t of my duties, an document is beit corporation has Corporation	the appointment o comply with d I am familian ng filed merely been notified i Service Co	nt as registered agen the provisions of all : with and accept the to reflect a change i in writing of this char mpany	t and agree to act in statutes relative to th obligation of mv pos n the registered offic nge.	this capacity, e proper and com ition as registered c address, I hereb	plete perfi l agent. C y confirm	ormanc r, if thi that the	e s e
By: Linky M Barne				10/28/2022			
Lindsey M. Baroni	nture of Registered , Assistant Vice I	Agent President		Date			
If signing on bel	nalf of an entity	y:					
Ту	ped or Printed Nam	e e					

* * * 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)