

PO4 0000 43382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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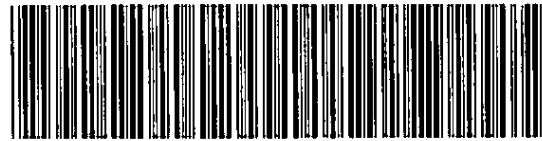
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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12/14/20

*[Handwritten signature]*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JAMES EARL COPELAND, P.A.  
Name of Corporation

DOCUMENT NUMBER: P04000043382

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:

JAMES E. COPELAND  
Name of Contact Person

JAMES EARL COPELAND, P.A.  
Firm/Company

P.O. Box 32877  
Address

PALM BEACH GARDENS, FL 33418  
City/State and Zip Code

jamesecopeland@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES COPELAND at ( 561 ) 881-8989  
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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: JAMES EARL COPELAND, P.A.
2. The principal office address: 745 U.S. HIGHWAY ONE, SUITE 304, NORTH PALM BEACH, FL 33408
3. The mailing address (if different): P.O. BOX 32877, PALM BEACH GARDENS, FL 33420
4. Date of incorporation/qualification: 3/8/2004 Document number: P04000043382
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)

JAMES E. COPELAND  
631 U.S. HIGHWAY ONE, SUITE 401  
NORTH PALM BEACH, FL 33408

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

JAMES E. COPELAND  
745 U.S. HIGHWAY ONE, SUITE 304  
NORTH PALM BEACH, FL 33408

P.O. Box NOT acceptable

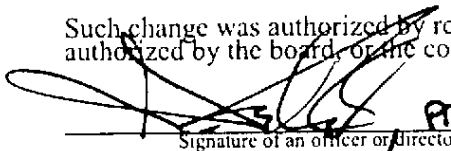
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

PRES.

JAMES E. COPELAND, 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

10/27/2020  
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