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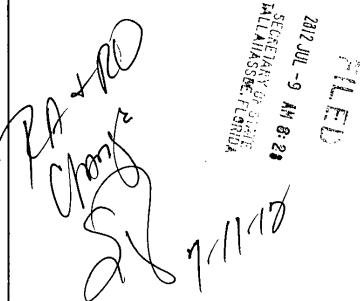
| (Requestor's Name) | |
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| (Address) | . |
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| (City/State/Zip/Phone #) | |
| - PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

JEFFREY C. SCHNEIDER, P.A.

Name of Corporation

P04000065970

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:

Stuart Grossman

Name of Contact Person

Levine Kellogg Lehman Schneider + Grossman LLP

Firm/Company

201 S. Biscayne Blvd., 22nd Floor

Miami, FL 33131

City/State and Zip Code

sig@lklsg.com

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

For further information concerning this matter, please call:

Stuart Grossman

Name of Contact Person

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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of | Florida | |
|--|---|---|----------------------------------|----------------------|
| 1. The name of | the corporation: JEFFREY C. | SCHNEIDER, P.A. | | |
| 2. The principal | office address: 11120 Killian | Park Road, Pinecrest, FL 331 | 156 | |
| 3. The mailing a | address (if different): 11120 Kill | ian Park Road, Pinecrest, FL | 33156 | |
| 4. Date of incor | poration/qualification: 04/21/20 | Document number: P0400 | 00065970 | |
| 5. The name and | | tered agent and registered office on file w | | |
| | Jeffrey C. Schneider | | _ | |
| • | 11120 Killian Park Road | | | |
| | Pinecrest, FL 33156 | | - 28 | |
| 6. The name and (if changed): | d street address of the new registered Stuart I. Grossman, Esq | ed agent (if changed) and /or registered or | 2812 JUL -9 SECRE DARY ALLAHASSE | stina pun |
| | 201 S. Biscayne Boulev | | | increase Increase |
| | | lox NOT acceptable | 8: 24 00000 | δ _{κε,νφ} . |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of i | ts registered agent, | , |
| | | dopted by its board of directors or by an een notified in writing of the change. Jeffrey C. Schneider, D | irector | |
| I hereby accept I further agree performance of | the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not | Printed or typed name and to ent and agree to act in this capacity. ill statutes relative to the proper and con and accept the obligation of my positio to reflect a change in the registered offi tified in writing of this change. | mplete on as registered | |
| | XX 1 | 7-6-12 | | |
| | nautre of Registered Agent chalf of an entity: | Date | | |
| Т | yped or Printed Name | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

statement additions

CR2E045 (03/12)