

P0400108611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

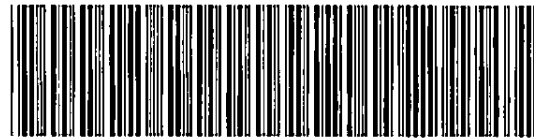
(Document Number)

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2017 NOV -2 AM 11:39  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

C. GOLDEN  
NOV 03 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **MICHAEL S. ANDREWS P.A.**

Name of Corporation

**DOCUMENT NUMBER:** **P04000108611**

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:

**MICHAEL ANDREWS**

Name of Contact Person

**MICHAEL S. ANDREWS P.A.**

Firm/Company

**P.O. BOX 1215**

Address

**FLAGLER BEACH, FL 32136**

City/State and Zip Code

**MIKE@REALTYFLAGLER.COM**

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

For further information concerning this matter, please call:

**MICHAEL ANDREWS**

Name of Contact Person

at **(386) 864-9900**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2017

MICHAEL ANDREWS  
POST OFFICE BOX 1215  
FLAGLER BEACH, FL 32136

SUBJECT: MICHAEL S. ANDREWS, P.A.  
Ref. Number: P04000108611

*This is the letter I  
received from FDS.  
See new paperwork  
included.  
Thank you  
C*

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

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 217A00020945

RECEIVED  
17 NOV -2 PM 12:30  
DEPARTMENT OF STATE  
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: MICHAEL S. ANDREWS P.A.  
2. The principal office address: 410 S CENTRAL AVE. FLAGLER BEACH, FL 32136  
3. The mailing address (if different): P.O. BOX 1215 FLAGLER BEACH, FL 32136

4. Date of incorporation/qualification: 07/22/2004 Document number: P04000108611

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)

MICHAEL S. ANDREWS

1609 S DAYTONA AVE. FLAGLER BEACH, FL 32136

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

MICHAEL ANDREWS

410 S CENTRAL AVE. FLAGLER BEACH, FL 32136

P.O. Box NOT acceptable

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

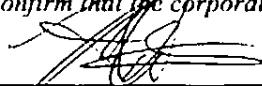
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

  
Signature of an officer or director

MICHAEL ANDREWS PDST

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

10/31/2017

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 6227, Tallahassee, FL 32314

FILED  
2017 NOV -2 AM 11:39