

P05000000 1090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

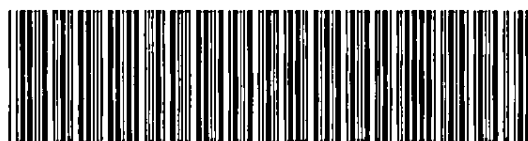
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/20--01012--001 **25.00

11/08/20--01032--008 **10.00

FILED
2020 NOV 13 AM 11:45
CLERK OF COURT
CLERK OF COURT

2020 NOV 13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allison J. Davis, P.A.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison J. Davis, Esq.
Name of Person

Allison J. Davis, P.A.
Firm/Company

105 S. NARCISSESS AVE. Suite 402
Address

West Palm Beach, FL 33401
City/State and Zip Code

ADavis@silbertDavis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison J. Davis at (561) 615-6262
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Allison J. Davis, P.A.
2. The principal office address: 105 S. NARCISSESS Avenue
Suite 402, West Palm Beach, FL 33401
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/03/05 Document number: P05000001090
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)

1806 Old Oberchabee Road
West Palm Beach, FL 33401

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

NARCISSESS
105 S. NARCISSESS Avenue
Suite 402
West Palm Beach, FL 33401

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]
Signature of an officer or director

Allison Davis
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]
Signature of Registered Agent

8.21.20
Date

If signing on behalf of an entity:

Allison Davis
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)

2020 NOV 13 AM 11:45
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