P05000122152

(Requestor's	s Name)	
(Address)	_	
(Address)		
(City/State/Z	(ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business E	ntity Name)	
(Document Number)		
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2018 AUG 27 PH 2: 01 SECRETARY OF STATE

C. GOLDEN AUG 2 8 2018

COVER LETTER

FO: Amendment Section Division of Corporations
SUBJECT: AMY H COX, PA
Name of Corporation
DOCUMENT NUMBER: P05000122152
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:
AMY H. COX
Name of Contact Person
AMY H COX, PA
Firm/Company
5102 BAYSHORE BLVD.
Address
TAMPA, FL 33611
City/State and Zip Code
ACOX@MAHRCOMPANY.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AMY COX Name of Contact Person at (813) 205-2427 Area Code & Daytime Telephone Numb
Name of Contact Person Area Code & Daytime Telephone Numb
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	, inge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Floria ution organized under the laws of the State o re or registered agent, or both, in the State o	of_FLORIDA	
 The name of The principal 	the corporation; AMY H C office address; 5102 BAY	OX PA SHORE BLVD. TAMPA, FL 33	8611	
3. The mailing :	address (if different):			
4. Date of incor	poration/qualification: 9/2/2	005 Document number: P050	000122152	
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file nter resigned)	with the	
	AMY H. COX			
	5908 INTERBAY BL	VD.	2018 A Secr Tal	
	TAMPA, FL 33611	.,	2018 AUG 27 SECRETARY TALLAHA	
6. The name and (if changed):	d street address of the new regi	istered agent (if changed) and /or registered	S	
	AMY H. COX		FIAIE	
	5102 BAYSHORE B	LVD.		
	TAMPA, FL 33611	P O Box NOT acceptable		
The street address changed will	ess of its registered office and be identical.	the street address of the business office of	f its registered agent.	
Such change wa authorized by the	as authorized by resolution du he board, or the corporation ha	By adopted by its board of directors or by ϵ as been notified in writing of the change.	un officer so	
Amy	+ H. Cox	AMY H. COX , PRES		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered to comply with the provisions my duties, and I am familiar is document is being filed mer that the corporation has been	Printed or typed name and a gree to act in this capacity, of all statutes relative to the proper and cwith and accept the obligation of my positively to reflect a change in the registered of a notified in writing of this change.		
Any	H. Cox	8/22/2018		
بان ال	mature of Registered Agent	Date		
Amy t	chalf of an entity:			
<i>J</i> 1	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 * * *