## P05000144628

(Requestor's Name)					
_					
(Add	iress)				
(Address)					
(City/State/Zip/Phone #)					
PIÇK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to F		<u> </u>			
	J				

Office Use Only



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12/17/20--01015--006 \*\*35.00

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	·	
SUBJ Name	ECT: My Florida Probate. PA of Corporation		
DOC	UMENT NUMBER: P05000144628	······	
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
	Ellis, Esq.		
Name	of Contact Person		
-	orida Probate, PA		
	Company		
PO Bo			
Addre	ess		
	City, FL 34436-0952		
City/S	State and Zip Code		
	dawn@mytloridaprobate.com		
E-ma	il address: (to be used for future annual	report notification)	
For fu	urther information concerning this matter, p	olease call:	
Dawn	Ellis	at (352 ) 726-5444  Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.050 cange is submitted for a corporation organ fer to change its registered office or regist	nized under the laws of the State of	Florida
1. The name of	the corporation: My Florida Probate, PA		
2. The principa	al office address: 7020 S. Duval Island Drive	e, Floral City, FL 34436	
	PO Box 952, Floral	City, FL 34436-0952	
3. The mailing	address (if different): PO Box 952, Floral rporation/qualification: 10/25/2005	P050001	144628
	nd street address of the current registered a artment of State: (If resigned, enter resign	=	vita the
	Dawn Ellis		
	9239 E. Kenosha Court		
	Floral City, FL 34436		
6. The name as (if changed)	nd street address of the new registered age:  Dawn Ellis	ent (if changed) and /or registered o	ffice
	7020 S. Duval Island Drive		-
	P.O. Box NOT acceptable		
	Floral City, FL 34436		<del>-</del> 약
The street add as changed wi	ress of its registered office and the street	t address of the business office of	its registe <u>ré</u> d agent,
Such change vauthorized by	vas authorized by resolution duly adopte the board, or the compration has been no	ed by its board of directors or by a otified in writing of the change.	n officer so
( L	aurzlle	Dawn Ellis, President	
I hereby accept further agree of my duties, a document is be	ture of an officer of director  of the appointment as registered agent as  e to comply with the provisions of all sta  und I am familiar with and accept the ob-  eing filed merely to reflect a change in to  as been notified in writing of this change	tutes relative to the proper and co digation of my position as register he registered office address, I hero	omplete performançe
	ignature of Registered Agent	12/4/2020 Date	<del></del>
If signing on b	pehalf of an entity:		
My Florida Pro	•		
	Typed or Printed Name		
	* * * FILING F	EE: \$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)