

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DONNA LAMBERT P.A.
Name of Corporation

DOCUMENT NUMBER: P0700095689

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:

DONNA LAMBERT
Name of Contact Person

DONNA LAMBERT P.A.
Firm/Company

2666 Nelson Ct
Address

Weston, FL 33332
City/State and Zip Code

DLAMBERT747@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA LAMBERT at (954) 551-3663
Name of Contact Person 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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DONNA LAMBERT P.A.
2. The principal office address: 2666 Nelson Ct Weston, FL
33332
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-24-2007 Document number: P07000095689
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)
Virgil E Lambert - Resigned
7934 Exeter Circle W
TAMARAC, FL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DONNA LAMBERT
2666 Nelson Ct
Weston FL 33332

FILED
2018 JUL 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Donna Lambert P.A. DONNA LAMBERT P.A.
Signature of an officer or director 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.

Donna Lambert 7-18-18
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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