

PO70004671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

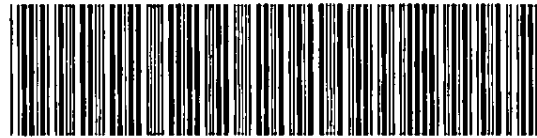
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

SEP 22 P 4 42

FILED

SEP 25 2017

T. E. HALL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lisbeth W Roy DOPA
Name of Corporation

DOCUMENT NUMBER: PO7000124671

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:

Lisbeth W Roy
Name of Contact Person

Lisbeth W Roy DOPA
Firm/Company

2595 NW Boca Raton Blvd Ste 200
Address

Boca Raton FL 33431
City/State and Zip Code

Lisbeth W Roy @ me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi Schulte at (954) 328-7355
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LISBETH W ROY DO PA
2. The principal office address: 2595 NW BOCA RATON BLVD SK 700
BOCA RATON FL 33431
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/16/07 Document number: P07000124671

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)

LISBETH W ROY
2300 GLACKS RD STE 260 W
BOCA RATON FL 33431

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

LISBETH W ROY
2595 NW BOCA RATON BLVD STE 200
P.O. Box NOT acceptable
BOCA RATON FL 33431

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.

Lisbeth W Roy
Signature of an officer or director

LISBETH W ROY
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.

Lisbeth W Roy
Signature of Registered Agent

9-19-17
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 6327, TALLAHASSEE, FL 32314