## P08000017350

(Requestor's Name) . (Address)
. (Address)
(Address)
(/tddicas)
(Address)
••
(City/State/Zip/Phone #)
(013).000.07
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·

Office Use Only



000129441120

. 05/15/08--01028--026 .\*\*35.00 ...

FILEU 2008 MAY 15 PM 12: 06 SECRETARE PF STATE

R.A. Change

TB 5-22-08

## **COVER LETTER**

er)

## 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: David Goldsmith, P.A.
2. The principal office address: 1660 Renaissance Commons Blvd. #2227
Boynton Beach, FL 33426
3. The mailing address (if different):
4. Date of incorporation/qualification: February 15, 2008 Document number: P08000017350
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
David Goldsmith
10885 Ravel Court
Boca Raton, FL 33498
Boca Raton, FL 33498  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed):  David Goldsmith  1660 Renaissance Commons Blvd. #2227
1660 Renaissance Commons Blvd. #2227
Boynton Beach, FL 33426
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 of an officer or director)  DAVID GOLDSMITH PRESIDENT  (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 patified in writing of this change.
(Streature of Registered Agent)  (Streature of Registered Agent)
(Signature of Registered Agent) (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

CR2E045 (8/05)