

P08000 052 170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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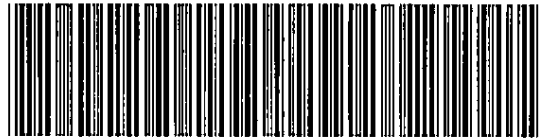
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brian D. Buckstein, P.A.

Name of Corporation

DOCUMENT NUMBER: P08000052170

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:

Brian D. Buckstein

Name of Contact Person

Gonzalez Shenkman & Buckstein, P.L.

Firm/Company

110 Professional Way

Address

Wellington, FL 33414

City/State and Zip Code

bbuckstein@gsblawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian D. Buckstein

Name of Contact Person

at (561) 227-1575

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

19 OCT 24 PM 3:01

FILED
DEPT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2019

BRIAN D BUCKSTEIN
110 PROFESSIONAL WAY
WELLINGTON, FL 33414

SUBJECT: BRIAN D. BUCKSTEIN, P.A.
Ref. Number: P08000052170

We have received your document for BRIAN D. BUCKSTEIN, P.A. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 219A00021301

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

1. The name of the corporation: Brian D. Buckstein, P.A.
2. The principal office address: 110 Professional Way, Wellington, FL 33414
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/27/2008 Document number: P08000052170

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)

Brian D. Buckstein

1035 S State Road 7, Ste 312

Wellington, FL 33414

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

Brian D. Buckstein

110 Professional Way

P.O. Box NOT acceptable

Wellington, FL 33414

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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

Brian D. Buckstein Title MR
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.

Signature of Registered Agent

10-21-2019
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