

PD80000083839

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DIVISION OF CORPORATIONS
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R.A./Rofchg
@ 4.15.11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GETMAN CONSULTING, P.A.
Name of Corporation

DOCUMENT NUMBER: P08000083839

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:

LYNN E. GETMAN
Name of Contact Person

GETMAN CONSULTING, P.A.
Firm/Company

2901 VICTORIA CIRCLE, K-4
Address

COCONUT CREEK, FL 33066
City/State and Zip Code

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

For further information concerning this matter, please call:

LYNN E. GETMAN at (305) 978-6607
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2011

LYNN E. GETMAN
GETMAN CONSULTING, P.A.
2901 VICTORIA CRICLE, K-4
COCONUT CREEK, FL 33066

SUBJECT: GETMAN CONSULTING, P.A.
Ref. Number: P08000083839

We have received your document for GETMAN CONSULTING, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU FAILED TO LIST THE NEW AGENT IN PART 6 OF THE FORM.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 211A00007516

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: GETMAN CONSULTING, P.A.
2. The principal office address: 2901 VICTORIA CIRCLE, K-4, COCONUT CREEK, FL 33066
(PRIOR ADDRESS: 848 BRICKELL KEY DR., #3603, MIAMI, FL 33131)
3. The mailing address (if different): 2901 VICTORIA CIRCLE, K-4, COCONUT CREEK, FL 33066
(Prior address: 848 Brickell Key Dr., #3603, Miami, FL 33131)
4. Date of incorporation/qualification: 09/11/2008 Document number: P08000083839
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)

CHRISTOPHER D. VASALLO

12394 SW 82 AVENUE

PINECREST, FL 33156

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

Dennis J Getman

2901 VICTORIA CIRCLE, K-4

P.O. Box NOT acceptable

COCONUT CREEK, FL 33066

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.

Dennis J Getman
Signature of an officer or director

DENNIS J. GETMAN, 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 notified in writing of this change.

Dennis J Getman
Signature of Registered Agent

3/22/2011
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)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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