7090000 39999

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	_
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
J	J. HORNE AN - 6 2022	
:		

Office Use Only



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12/16/21--01013--029 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

ه.

SUBJECT: Lewis Roberts, PA Name of Corporation				
DOCUMENT NUMBER: P08000089999				
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:				
Lewis Roberts				
Name of Contact Person				
Lewis Roberts, PA				
Firm/Company				
1540 International Pkwy #2000				
Address				
Lake Mary, FL 32746				
City/State and Zip Code				
lewis@lrlawoffice.com				
E-mail address: (to be used for future annual rep-	ort notification)			
For further information concerning this matter, please	e call:			
Lewis Roberts	at (407) 749-0080			
Name of Contact Person	at (407) 749-0080 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depa	artment of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of Florida			
in order	r to change its registered office or reg	gistered agent, or both, in the State of Florida.			
1. The name of t	the corporation: Lewis Roberts, PA		-		
2. The principal of Lake Mary, FL 3:	office address: 1540 International Pkw	y #2000	_		
3. The mailing a	ddress (if different):		_		
		Document number: P08000089999	- -		
	I street address of the current registerement of State: (If resigned, enter resi	ed agent and registered office on file with the igned)			
	Lewis Roberts				
	631 Palm Springs Drive #114				
	Altamonte Springs, Fl. 32701				
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	202		
	Lewis Roberts	CORE ARE	2021 DEC		
	1540 International Pkwy #2000	ASS SSR	91.0		
	P.O. Box NOT acceptable				
	Lake Mary, FL 32746		A		
The street addre as changed will	ess of its registered office and the str be identical.	reet address of the business office of its registered agen	61.8		
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an officer so a notified in writing of the change.			
	7	Lewis Roberts			
	re of an officer or director	Printed or typed name and title	•		
of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	t and agree to act in this capacity. statutes relative to the proper and complete performan obligation of my position as registered agent. Or, if th n the registered office address, I hereby confirm that th nge.	ce iis ie		
		12/13/2021			
Sign	nature of Registered Agent	Date	•		
If signing on be	chalf of an entity:				
Lewis Roberts					
T	vped 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 (04/13)