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JIVISION OF CORPORATION

JUL 1 1 2016

**C LEWIS** 

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Law Offices of Sara A. Goldberg, P.A.

Name of Corporation

DOCUMENT NUMBER

P08000093872

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:

Sara A. Goldberg

Name of Contact Person

Law Offices of Sara A. Goldberg, P.A.

Firm/Company

1825 NW Corporate Blvd., Suite 110

Address

Boca Raton, FL 33431

City/State and Zip Code

sara@saragoldberglaw.com

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

For further information concerning this matter, please call:

Sara A. Goldberg

,561

479-1693

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.		_
1. The name of t	he corporation: Law Offices of Sara A. Goldberg, P.A.		
2. The principal	office address: 1825 NW Corporate Blvd. , Suite 110 on, FL 33431		
3. The mailing a	ddress (if different): same as above		
4. Date of incorp	poration/qualification: 10/16/2008 Document number: P08000093	872	
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	Sara A. Goldberg		(a)
20283 STATE ROAD 7 SUITE 300			SISIA 377
	BOCA RATON, FL 33498	JUL -5	RATE SE
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office .	5 PM 12: 39	Y OF STAIL
	1825 NW Corporate Blvd. , Suite 110		
	P.O Box NOT acceptable  Boca Raton, FL 33431		
The street addre	ess of its registered office and the street address of the business office of its regist be identical.	ered ag	gent,
	as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change.		
_ Jau	Sara A. Goldberg		
I further agree performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as regist document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.  June 24, 2016	isterea ess. I	i
Sig	nature of Registered Agent Date		_
If signing on be	half of an entity:		
Т	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*