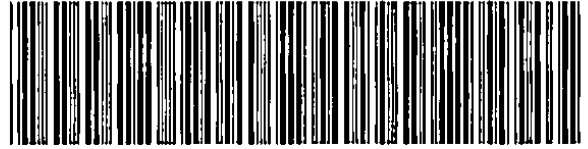


PO8000105554



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RO change

09/02/21--01013--011 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GINA Z. HARRIS, P.A.
Name of Corporation

DOCUMENT NUMBER: P08000105554

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:

Gina Harris
Name of Contact Person
GINA Z. HARRIS, P.A.
Firm/Company
1806 N. Flamingo Rd #300
Address
Pembroke Pines, FL 33028 33028
City/State and Zip Code.

gina@ginaharriswlaw.com

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

For further information concerning this matter, please call:

Gina Harris at (954) 744-4734
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: GINA Z. HARRIS, P.A.
- 2. The principal office address: 1806 N. Flamingo Rd #300, Pembroke Pines, FL 33028
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 1/2009 Document number: PO8000105554
- 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)

HARRIS, GINA Z
1806 N. FLAMINGO ROAD SUITE 325
PEMBROKE PINES, FL 33028

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


Harris, Gina Z.
3830 NW 89 Way
Cooper City, FL 33024

PO Box NOT acceptable

2021 SEP -2 PM 1:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


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

Gina Z. Harris, 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.


 Signature of Registered Agent

8/30/2021
 Date

If signing on behalf of an entity:

Gina Z. Harris
 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 (04/13)