P09 0000 14675

(Re	equestor's Name)				
(Ad	ddress)				
(Ad	ddress)				
(Ci	ity/State/Zip/Phone #	 			
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name	2)			
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
i	1350°				





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10/21/19--01097--019 **35.00

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19 DEC -1 MILES

SECONDO DE MARINES

DEC 04 2019 S. YOUNG



November 14, 2019

TODD LANDAU TODD LANDAU, P.A. 4601 SHERIDAN STREET STE 200 HOLLYWOOD, FL 33021

SUBJECT: TODD LANDAU, P.A. Ref. Number: P09000014675

We have received your document for TODD LANDAU, 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):

If the corporation is a <u>PROFIT</u> corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 119A00023417

NOV 20 2019

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Todd Landau, P.A.
Name of Corporation
DOCUMENT NUMBER:
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:
Todd Landau
Name of Contact Person
Todd Landau, P.A.
Firm/Company
4601 Sheridan Street, Ste. 200
Address
Hollywood, FL 33021
City/State and Zip Code
tlandau@toddlandaulaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Poyo Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person at (305)932-9199 Area Code & Daytime Telephone Number
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 ch	e provisions of sections 607.0502, 617.0502, 607.12 ange is submitted for a corporation organized und er to change its registered office or registered agen	er the laws of the S	tate of _	Florida	uis ———	
1. The name of	the corporation: Todd Landau, P.A. doffice address: 4601 Sheridan Street, S		v		3021	
3. The mailing a	address (if different):					
4. Date of incor	rporation/qualification: 02/16/2009 Do	ocument number:	2090 0	00146	75	
5. The name and	d street address of the current registered agent and artment of State: (If resigned, enter resigned)					
	Todd Landau					
	1250 E Hallandale Beach Blvd., S	te. 703				
	Hallandale Beach, FL 33009			<u>=</u> 53	1.9	
6. The name and (if changed):	d street address of the new registered agent (if char	nged) and /or regist	ered offi	ice)	DEC - 1	<u> </u>
	Todd Landau			-32	A	
	4601 Sheridan Street, Ste. 200				Æ ∷ 5	
	P.O. Box NOT acceptable Hollywood, FL 33021			3:=	<u>5</u>	
The street address changed will	ess of its registered office and the street address of be identical.	of the business offic	ce of its	registere	d agent	ί.
Such change wa authorized by th	as authorized by resolution duly adopted by its be he poard, or the corporation has been notified in v	oard of directors or writing of the chan	by an o	fficer so		
	m q u	Toold	A.	Lan	ر) ر ر	,
I hereby accept I further agree performance of	t the appointment as registered agent and agree to to comply with the provisions of all statutes relat f my duties, and I am familiar with and accept the iis document is being filed merely to reflect a char that the corporation has been notified in writing	ive to the proper a	tv. nd comp		red I	
4	gnature of Registered Agent	November Date				
If signing on be	chalf of an entity:					
T.	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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