P09000028833

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900445832519

03/05/25--01016--009 **35 00

Aleman Str FLORIDA

FILED

COVER LETTER

TO: Amendment Section

Salar Salar Salar

Division of Corporations
SUBJECT: Nancy J. Flint, Attorney At Law P. A. Name of Corporation
DOCUMENT NUMBER: <u>P0900028833</u>
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:
Name of Contact Person Firm/Company 1580 Sawgrass Corporate Pkwy Suite 130 Address Sunrise FL 33323 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 802 1299. 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

CR2E045 (04/13)

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Nany J. Flint, Attorney At Law, P.A. 2. The principal office address: 1580 Sougrass Corporate Phay Suite 130, Suncise FL 33323
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/30/2009 Document number: P0900028833
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)
Incorp Services 7nc.
JAV8 Lakeshore Olive 37317
Jallahasice FL 32312
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Many Plint
1580 Sangrass Corporate Plany. Suite 130 P.O. Box Not acceptable
Surrise FL 33323
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 in Afficer or director 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.
Allung 1 Hint Gob. 2B, 2025 Signature of Registered Agent 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 (04/13)