

P09 0000 40930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

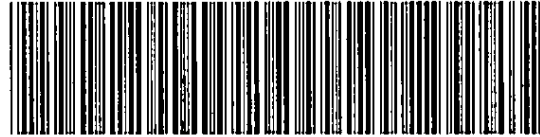
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356833848

12/22/20--01010--023 **35.00

FILED
2020 DEC 22 PM 3:51
CLERK OF STATE
TALLAHASSEE, FL

M. GULKER
FEB 03 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RADPHYSICS CONSULTANTS INC.
Name of Corporation

DOCUMENT NUMBER: P09000040930

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:

PATRICE THOMAS

Name of Contact Person

RADPHYSICS CONSULTANTS INC

Firm/Company

2628 NE 1ST STREET

Address

HOMESTEAD, FL 33033

City/State and Zip Code

P.THOMAS@RADPHYSICSCI.COM

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

For further information concerning this matter, please call:

PATRICE THOMAS

Name of Contact Person

at (305) 726-4394

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: RADPHYSICS CONSULTANTS INC
2. The principal office address: 815 N. HOMESTEAD BLVD., #513, HOMESTEAD, FL 33030
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/07/2009 Document number: P09000040930
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)

PATRICE THOMAS

815 N. HOMESTEAD BLVD., #513,

HOMESTEAD, FL 33030

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

LAURA ROMAN

2628 NE 1ST STREET, HOMESTEAD, FL 33033

P.O. Box NOT acceptable

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 authorized by the board, or the corporation has been notified in writing of the change.

P. Thomas

Signature of an officer or director

PATRICE THOMAS

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]
Signature of Registered Agent

12/15/2020
Date

If signing on behalf of an entity:

Laura M. Roman

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)