## 704000055752

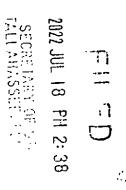
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
GCT 17 2022		

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01.18/23--01034--010 \*\*35.00



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Roger W. LaJoie, PA	
Name of Corporation	
DOCUMENT NUMBER: P09000055752	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Roger W. LaJoie Name of Contact Person	<u></u>
Roger W. LaJoie, PA	
Firm/Company	
P.O. Box 1897	
Address	
Vero Beach, Florida 32960	
City/State and Zip Code	
rwlajoie@comcast.net	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	eall:
Roger W. LaJoie	21 ( 772 ) 234-6547
Name of Contact Person	at ( 772 ) 234-6547 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	ortment of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	2415 IN. MIOIHOU SHOUL SUITE 610

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation orga	02, 607.1508, or 617.1508. Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	
1. The name of	the corporation: Roger W. LaJoie, PA		
	office address: 595 21st Street, Suite 200.	Vero Beach, Florida 32960	
3. The mailing a	address (if different): P.O. Box 1897, Ver	o Beach, Florida, 32960	_
4. Date of incorp	poration/qualification: 06/26/2009	Document number: <u>P09000055752</u>	<b>-</b>
	I street address of the current registered attment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	Roger W. LaJoie		
	645 Beachland Blvd, Ste 8		
	Vero Beach, Florida 32963	TRECE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	
6. The name and (if changed):	I street address of the new registered age	ent (if changed) and /or registered office $\frac{1}{\sqrt{2}}$	LED
	Roger W. LaJoie		
	595 21st Street, Suite 200	<i>-</i>	
	P.O. Bo	NOT acceptable	
	Vero Beach, Florida 32960	<del></del>	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent.	
Such change wa authorized by h	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.	
	re of an officer or director	Roger W. LaJoie, President  Printed or typed name and title	
thereby accept I further agree of of my duties, an document is her	the appointment as registered agent ar to comply with the provisions of all stat d.L.am familiar with and accept the ob-	nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this we registered office address, I hereby confirm that the	ς
-// <i>//</i> //	$\sim$	Roger W. LaJoie 07/13/2022	
The state of the s	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped or Printed Name		

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