P09000078625

•		
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

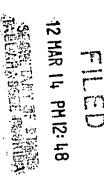
Office Use Only



700219719017

01/27/12--01003--009 **25.00

03/14/12--01028--021 **10.00



Rochange

MAR 1 5 2017

T. LEWIS

COVER LETTER

Division of Co	ection rporations
SUBJECT:	Stacey L. Silverman, P.A.
	Name of Corporation
DOCUMENT NUMB	ER: P09000078625
The enclosed Statemen	t of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
	Stacey L. Silverman Name of Contact Person
	Name of Contact Person
	Stacey L. Silverman, P.A.
	Firm/Company
	8 Oaks Lane Address
_	A CARLOTTE AND A CAR
	Boynton Beach, FL 33436 City/State and Zip Code
	City/State and Zip Code
with y	s_silverman1@comcast.net
E-n	nail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
	at (561) 302-3011 f Contact Person Area Code & Daytime Telephone Number
Name o	f Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$25.00 ch	eck made payable to the Department of State.
	Mailing Address: Street Address:
	Amendment Section Division of Corporations Amendment Section Division of Corporations
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
THE STATE OF THE S	Tallahassee, FL 32314 (1999) 2661 Executive Center Circle
_ , 집 , 잉글	Tallahassee, FL 32301



February 2, 2012

STACEY L. SILVERMAN STACEY L. SILVERMAN, P.A. 8 OAKS LANE BOYNTON BEACH, FL 33436

SUBJECT: STACEY L. SILVERMAN, P.A.

Ref. Number: P09000078625

We have received your document for STACEY L. SILVERMAN, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Letter Number: 512A00003967

Thelma Lewis
Document Specialist Supervisor

www.sunbiz.org

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

statement of cha	nnge is submitted for a corp	poration organize	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	te of Florida	
1. The name of	the corporation: Stacey	L. Silverma			-
3. The mailing a	address (if different):	****			-
4. Date of incor	poration/qualification:	9/21/09	Document number:	P09000078625	-
5. The name and		nt registered age	nt and registered office on t	file with the	
	Stacey L. Silverman				
	2385 N.W. Executive	e Center Drive	e, Suite 100		
	Boca Raton, FL 334	131		75	
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or register	F	
	Stacey L.Silverman			PM I2:	۱ ق
	8 Oaks Lane			2: 48	
	Pounton Ponch El	P.O. Box NOT a	eceptable	- C	
The street address changed will	Boynton Beach, FL ess of its registered office be identical.	•	dress of the business offic	e of its registered agent,	
Such change was authorized by the	as authorized by resolution he board, or the corporation	n duly adopted b on has been notif	y its board of directors or ied in writing of the chang	by an officer so ge.	
1 tacy	re of an officer or director		Stacey L. Silverme	an President	
I hereby accept I further agree a of my duties, an document is bei corporation has	the appointment as regisi to comply with the provisi ad I am familiar with and i ing filed merely to reflect is s been notified in writing i	ered agent and a ons of all statute accept the obliga a change in the i of this change.	agree to act in this capacit is relative to the proper ar ation of my position as reg registered office address, l	ty. ad complete performance sistered agent. Or, if this hereby confirm that the	
Story	4. Sec	· .	March 9, 2012		
	mature of Registered Agent chalf of an entity:		Date		
τ	yped or Printed Name	\			

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