

P10 000021694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

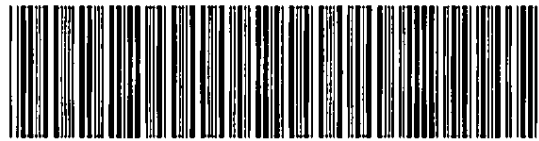
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Delia Weiss MD PA
Name of Corporation

DOCUMENT NUMBER: P10000021694

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:

Delia Weiss MD

Name of Contact Person

Delia Weiss MD PA

Firm/Company

500 Gulfstream Blvd., Suite 202

Address

Delray Beach, FL 33483

City/State and Zip Code

DeliaWeissMD@gmail.com

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

For further information concerning this matter, please call:

Delia Weiss MD

Name of Contact Person

at (561) 243 - 8783

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: Delia Weiss MD PA
2. The principal office address: 500 Gulfstream Blvd., Suite 202
Delray Beach, FL 33483
3. The mailing address (if different): same
4. Date of incorporation/qualification: 3/11/2010 Document number: P10000021694
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)

Delia Weiss

2828 S. Seacrest Blvd., Suite 208

Boynton Beach, FL 33435

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

Delia Weiss

500 Gulfstream Blvd., Suite 202

P.O. Box NOT acceptable

Delray Beach, FL 33483

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.

Delia Weiss

Signature of an officer or director

Delia Weiss MD

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.

Delia Weiss

Signature of Registered Agent

12/9/2020

Date

If signing on behalf of an entity:

Delia Weiss MD

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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