

01/03/2019

10:45

(FAX) 845 818 3588

P.00147003

1/3/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000002575 3)))



H190000025753ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

✓ Email Address: _____

**REGISTERED AGENT CHANGE
JONATHAN FRIDLENDER, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2019 JAN -3 PM 11:56

FILED
2019 JAN -3 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL

RA CHANGE

Electronic Filing Menu

Corporate Filing Menu

Help

01/04/19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JONATHAN FRIDLENDER, P.A.
Name of Corporation

DOCUMENT NUMBER: P10000024409

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:

JEMIMA ABREU

Name of Contact Person

VCORP SERVICES

Firm/Company

25 ROBERT PITT DR. SUITE 204

Address

MONSEY, NY 10952

City/State and Zip Code

JABREU@VCORPSERVICES.COM

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

For further information concerning this matter, please call:

JEMIMA ABREU

Name of Contact Person

at (845) 425-0077

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JONATHAN FRIDLENDER, P.A.
2. The principal office address: 2641 NE 209 STREET, AVENTURA, FL 33180
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/19/2010 Document number: P10000024409

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)

Global America Title Services, LLC

2323 Hollywood Blvd

Hollywood, FL 33020

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

Vcorp Services, LLC

5011 South State Road 7, Suite 106

P.O. Box NOT acceptable

Davie, FL 33314

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 an officer or director

Jon Fridlender, P.A., Managing Partner

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 of Registered Agent

1/3/19
Date

If signing on behalf of an entity:

Anthony Palazzo
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 (03/12)

FILED
 2019 JAN -3 AM 11:36
 SECRETARY OF STATE
 TALLAHASSEE, FL