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C. GOLDEN SEP 1 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

THE JOHNSTON LAW FIRM, P.A. Name of Corporation

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:

SARA CANAPA-ZENUNI, ESQUIRE

Name of Contact Person

Firm/Company

1214 EAST ROBINSON ST.

ORLANDO, FL 32801

City/State and Zip Code

AMJ@JOHNSTONLAWPA.COM

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

For further information concerning this matter, please call:

ABIGAIL M. JOHNSTON

Name of Contact Person

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

•	- 11	507.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA
	11	red office or registered agent, or both, in the State of Florida.
1 The name of t	he corporation: THE	JOHNSTON LAW FIRM, P.A.
2. The principal	office address: 1214	EAST ROBINSON ST. ORLANDO, FL 32801
3. The mailing a	ddress (if different):	
4. Date of incorp	ooration/qualification:	5/24/2010 Document number: P10000044241
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)		
	ABIGAIL M JO	INSTON, ESQUIRE
	4798 NEW BR	DAD ST., SUITE 220 Sp. 75
	ORLANDO, FL	32814
6. The name and street address of the new (if changed):		rew registered agent (if changed) and /or registered office.
	SARA CANAP	-ZENUNI, ESQUIRE
	1214 EAST RC	BINSON ST.
	ORLANDO, FL	P.O. Box NOT acceptable 32801
as changed will	be identical.	ice and the street address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolute board, or the corpor	ntion duly adopted by its board of directors or by an officer so attion has been notified in writing of the change.
donail	My Luture of director	Abigail M John Stan
I hereby accept I further agree to performance of agent. Or, if the	the appointment as re to comply with the pro my divies, and I am fa is document is being fi	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete imiliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I
Jara (auaya - Allul nature of Registered Agent	1. 9/1/7 Date
If signing on be	half of an entity:	
	OHNSTON, ESQL	JIRE
Ty	yped 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)