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DEC 4 2015

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Dumbar Law Center, P.A. Name of Corporation

P10000044533

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:

Sahr Dumbar

Name of Contact Person

The Dumbar Law Center, P.A.

1200 Brickell Ave. Suite 1950

Miami, Florida 33131

City/State and Zip Code

sahr@dumbarlaw.com

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

For further information concerning this matter, please call:

Sahr Dumbar

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

statement of cha	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	this	
1. The name of	the corporation: The Dumbar	Law Center, P.A.		
	office address: 1200 Brickell orida 33131	Ave. Suite 1950		
3. The mailing a				
4. Date of incor	poration/qualification: 5/25/20	10	33	
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	Sahr Dumbar			
	141 N.E. 3rd Ave. Suite	803	_	<u>D</u>
	Miami, Florida 33132		15 DE	SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE P
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	DEC -1 F	TENER S
	Sahr Dumbar		PH	
	1200 Brickell Ave. Suite 1950			
	P.O. Box NOT acceptable Miami, Florida 33131			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its register	ed agen	ıt,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.)	
\longrightarrow	c, \ re of an officer or disperor	Sahr Dumbar, President Printed or typed name and title		
-		gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as regis to reflect a change in the registered office addres: atified in writing of this change.	tered s, I	
Sign	nature of Registered Agent	11/6/2015		
If signing on be	half of an entity:			
Sahr Dumb	ar			
Ty	yped or Printed Name	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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