P10000046383

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. COYER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: North Port Law Firm of A	Horney Junes Koin, P.
DOCUMENT NUMBER: P100004638	3
The enclosed Statement of Change of Registered Office/Agent ar	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the fol	lowing:
Janas Ksin Name of Contact Person	
Name of Contact Person	W
Munth Fort Com Fire of Attorney I- Firm/Company	merken, r.A.
87 Vanctia Bay Blud., Sta	203
Venice, FL 34285	-
E-mail address: (to be used for future annual report notifica	regnail.com
For further information concerning this matter, please call:	
James Koin al 9	41,485-7600
Name of Contact Person Are	a Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of \$	tate.
Mailing Address: Street Ad	ldress:
	nent Section
•	of Corporations
	tre of Tallahassee
,	Monroe Street, Suite 810 sec. FL 32303

CR2E045 (04/13)

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

Pik

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: North Port Lux Firm of Atturna Inna Kain 2. The principal office address: 571 Venetia Bay Blud. 5+x 203 Venice, FL 34285
3. The mailing address (if different):
4. Date of incorporation/qualification: 6 1 2010 Document number: P1000046383
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)
James Kein
4140 Woodmars Parle Blud., Sto. 4
Vanice, FL 34293
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James Keim
871 Vonetia Bay Blud., Sto 203
V6n1cs, FL 34285
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 Tomos Keim Presido J 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 9/28/23 Date
If signing on behalf of an entity:
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)