

PID 000095672

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

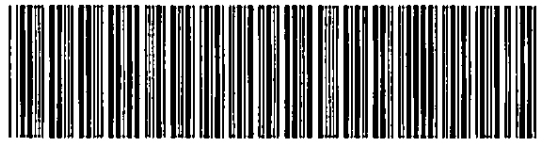
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2021

ALLISON GRANT, P.A.
29 HAWKS BRANCH CIRCLE
FAIRVIEW, NC 28730

SUBJECT: ALLISON GRANT, P.A.
Ref. Number: P10000095672

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 021A00004037

cc:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allison Grant, P.A.
Name of Corporation

DOCUMENT NUMBER: P10000095672

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:

Allison Grant
Name of Contact Person
Allison Grant, P.A.
Firm/Company
29 Hawks Branch Circle
Address
Fairview, North Carolina 28730
City/State and Zip Code

agrant@allisongrantpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Grant at (954) 562-7236
Name of Contact Person 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: Allison Grant, P.A.
2. The principal office address: 14 S.E. 4th Street, Boca Raton, FL 33432
3. The mailing address (if different): 29 Hawks Branch Circle, Fairview, NC 28730
4. Date of incorporation/qualification: 11/23/2010 Document number: P10000095673
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)

Allison Grant

495 Brickell Avenue, #3207

Miami, FL 33131

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

Ellen Leibovitch, Esq.

213 E. Sheridan Street, Suite 3

P.O. Box NOT acceptable

Dania Beach, Florida 33004

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

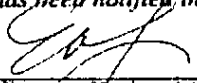
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Allison Grant, President

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

3/2/2021

Date

If signing on behalf of an entity:

Ellen M. Leibovitch
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)