

P10 C000 98057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

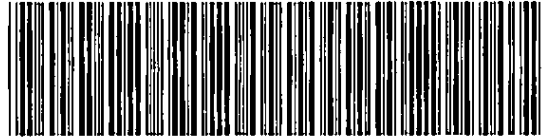
(Business Entity Name)

(Document Number)

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I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sharon ROBERTS, PA  
Name of Corporation

DOCUMENT NUMBER: P10000098057

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:

Sharon ROBERTS  
Name of Contact Person

Sharon ROBERTS, PA  
Firm/Company

PO Box 10769  
Address

Tampa, FL 33679  
City/State and Zip Code

S.roberts@gfblawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon ROBERTS at (954) 257-9000  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 22 AM 8:05

September 10, 2021

SHARON ROBERTS  
P.O. BOX 10768  
TAMPA, FL 33679

SUBJECT: SHARON ROBERTS, P.A.  
Ref. Number: P10000098057

We have received your document for SHARON ROBERTS, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton  
Regulatory Specialist III

Letter Number: 921A00021897

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

1. The name of the corporation: Sharon Roberts, PA
2. The principal office address: 4103 West Arch St  
Tampa, FL 33607
3. The mailing address (if different): PO Box 10769, Tampa, FL 33607
4. Date of incorporation/qualification: 12/2/2010 Document number: P10000098057
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)

Sharon Roberts  
13717 Walden Sheffield Road  
Dover, FL 33527

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

4103 West Arch St.  
Tampa, FL 33607  
P.O. Box NOT acceptable

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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.

SRA  
Signature of an officer or director

Sharon Roberts  
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.*

SRA  
Signature of Registered Agent

10/19/21  
Date

If signing on behalf of an entity:

Sharon Roberts  
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)