PIIDUUUUOIS

(Rea	uestor's Name)	
улеч	acator a Harrie)	
(Add	ress)	
(-1-1		
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity.Nar	ne)
(Doc	ument Number)	
Certified Copies Certificates of Status		
Special Instructions to F	iling Officer:	
	•	

Office Use Only



100285198651

05/05/16--01008--006 **35.00

2616 MAY -5 PM 9: ZU SEICRETARY OF STATE

11AY 0 6 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

_{suriect.}Caryn J Clayman PA

Name of Corporation

DOCUMENT NUMBER. P11000000125

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:

Caryn Clayman

Name of Contact Person

💃 Caryn J Clayman PA

Firm/Company

PO Box 810186

Address

Boca Raton, FL 33481-0186

City/State and Zip Code

caryn@cjclayman.com

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

For further information concerning this matter, please call:

Caryn Clayman

.561

393-1900

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
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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut inge is submitted for a corporation organized under the laws of the State of Florid ir to change its registered office or registered agent, or both, in the State of Florid	а	_
1. The name of	the corporation: Caryn J. Clayman PA		
2. The principal	office address: 5550 Glades Road, Suite 500 ton, FL 33431-7277		
	address (if different): PO Box 810186 aton, FL 33481-0186		
4. Date of incor	poration/qualification: 1/3/11 Document number: P1100000	0125	
	d street address of the current registered agent and registered office on file with the then the state: (If resigned, enter resigned)	3	
	Caryn J Clayman Esq.		2
	5550 Glades Road, Suite 500	名(語) (円) (数) (数)	ZBI6 MAY
	Boca Raton, FL 33431-7277	HASS	AY -5
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	A DEPOYAGE	5 PH 9:
	Caryn J Clayman Esq		20
	2201 NW Corporate Blvd, Suite 203		
	P.O. Box NOT acceptable Boca Raton, FL 33431-7337		
The street addre	ess of its registered office and the street address of the business office of its regi be identical.	stered as	gent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office ne board, or the corporation has been notified in writing of the change.	r so	
Signatu	Caryn J Clayman President	<u>t</u>	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as re is document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.	egistered Iress, I	i
Coa	representation of Registered Agent 5/2/16 Date		_
	half of an entity:		
Т-	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 * * *