

P110000001421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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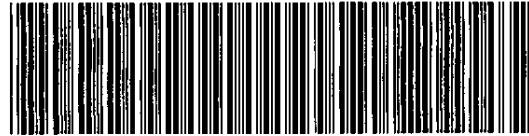
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Robert Wainland, PA  
Name of Corporation

**DOCUMENT NUMBER:** P11 000001421

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:

Robert Wainland  
Name of Contact Person

Robert Wainland, PA  
Firm/Company

6574 N. State Rd. 7 #120  
Address

Coconut Creek, FL 33073  
City/State and Zip Code

Wainland@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Wainland at <sup>954</sup> ~~(214)~~ 747-1000  
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**

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

1. The name of the corporation: Robert Wainland, PA
2. The principal office address: 6574 N. State Rd 7 #120  
Coco nut Creek, FL 33073
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/5/2011 Document number: P11000001421
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)

Robert Wainland  
7201 Pimlico Lane  
Parkland, FL 33067

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

Robert Wainland  
6574 N. State Rd. 7 #120  
P.O. Box NOT acceptable  
Coconut Creek, FL 33073

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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, on the corporation has been notified in writing of the change.

Robert Wainland  
Signature of an officer or director

Robert Wainland - 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.*

Robert Wainland  
Signature of Registered Agent

7/1/11  
Date

If signing on behalf of an entity:

Robert Wainland  
Typed or Printed Name

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