

From: Jeff L...  
9/2/2015

Fax: (813) 251-8715

To:

Fax: +1 (850) 617-6380

09/03/2015 10:24

# P11000004740

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : LIESER SKAFF ALEXANDER, PLLC  
Account Number : I20150000057  
Phone : (813)280-1256  
Fax Number : (813)251-8715

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jalexander@lieserskaff.com

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 SEP -2 AM 10: 26

### REGISTERED AGENT CHANGE JOSEPH N. ALEXANDER, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jospeh N. Alexander, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P11000004740

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:

Jospeh N. Alexander

Name of Contact Person

Joseph N. Alexander, P.A.

Firm/Company

403 N. Howard Avenue

Address

Tampa, FL 33606

City/State and Zip Code

jalexander@lieserskaff.com

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

For further information concerning this matter, please call:

Joseph N. Alexander

Name of Contact Person

at ( 813 ) 280-1256

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

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**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: Joseph N. Alexander, P.A.
- 2. The principal office address: 403 N. Howard Avenue  
Tampa, FL 33606
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/13/2011 Document number: P11000004740

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)

Joseph N. Alexander  
511 W. Bay Street, Suite 350  
Tampa, FL 33606

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

Joseph N. Alexander  
403 N. Howard Avenue  
Tampa, FL 33606

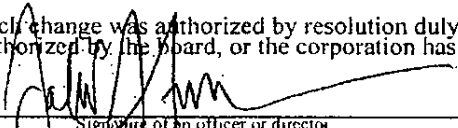
P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS

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

Joseph N. Alexander  
\_\_\_\_\_  
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

September 2, 2015  
\_\_\_\_\_  
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