211000020838

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FEB 2 2 2020 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Jerold I. Schneider, P.A. Name of Corporation

DOCUMENT NUMBER: P11000020838

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:

Jerold I. Schneider

Name of Contact Person

Jerold I. Schneider, P.A.

Firm/Company

7127 Corning Cir.

Address

Boynton Beach, FL 33437-3987

City/State and Zip Code

jerles@theschneiders.name

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

For further information concerning this matter, please call:

Jerold I. Schneider at (561) 309-5374 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of t	he corporation:		
	office address: 7127 CORNING CIR		
	CH. FL 33437-3987		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 2/23/2011 Document number: P1100	0020838	
	street address of the current registered agent and registered office on file tment of State: (If resigned, enter resigned)		
	SCHNEIDER, JEROLD I.	020	
	6998 GREAT FALLS CIRCLE	2020 JAN 27	
	BOYNTON BEACH, FL 33437		П
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered	· · · · · · · · · · · · · · · · · · ·	C
	SCHNEIDER, JEROLD I.		
	7127 CORNING CIR.		
	P.O. Box NOT acceptable		
	BOYNTON BEACH, FL 33437-3987		

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

Mu gnature of an officer or director

Jerold I. Schneider, PSTD

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 composition has being notified in writing of this change.

Signature of Registered Agent

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 (04/13)

CR2E045 (04/13)