

P110000039226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

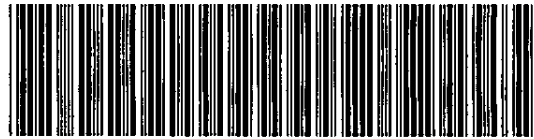
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 18 PM 4:06

Roch
10/4/23/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Meddin Law Firm, P.A.
Name of Corporation

DOCUMENT NUMBER: P110000 39226

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:

Anna Meddin
Name of Contact Person

The Meddin Law Firm, P.A.
Firm/Company

1415 E Robinson St. Ste C
Address

Orlando FL 32801
City/State and Zip Code

anna@meddinlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Meddin at (407) 392-2324
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



RECEIVED

APR 16 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BY MAIL 04/16/2014
FILED 04/16/2014

April 3, 2014

ANNA MEDDIN
THE MEDDIN LAW FIRM, P.A.
1415 E. ROBINSON ST., STE. C
ORLANDO, FL 32801

SUBJECT: THE MEDDIN LAW FIRM, P.A.
Ref. Number: P11000039226

We have received your document for THE MEDDIN LAW FIRM, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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 II

Letter Number: 014A00007183

**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: The Meddin Law Firm, P.A.
2. The principal office address: 1415 E Robinson St, Suite C, Orlando,
FL 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/22/2011 Document number: PI000039226
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)

Anna Meddin
1500 E Robinson St.
Orlando, FL 32801

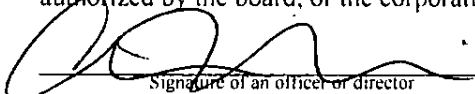
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Anna Meddin
1415 E Robinson St, Suite C
Orlando, FL 32801

P.O. Box NOT acceptable

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

Anna Meddin

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

4/14/2014

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
CR2E045 (03/12)

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SECRETARY OF STATE
14 APR 18 PM 4:06