## P11000 105029

| (Re                                     | equestor's Name)   |             |  |  |
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| (Ad                                     | idress)            |             |  |  |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | WAIT               | MAIL        |  |  |
| (Bu                                     | isiness Entity Nan | ne)         |  |  |
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## COVER LETTER

TO: Amendment Section Division of Corporations

Surject. Moore Bowman & Reese, P.A.

Name of Corporation

DOCUMENT NUMBER, P11000105029

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:

## Kristen Fernandez

Name of Contact Person

Moore Bowman & Reese, P.A.

Firm/Company

4100 West Kennedy Blvd., Ste 221

Address

Tampa, Florida 33609

City/State and Zip Code

kfernandez@mbrfirm.com

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

For further information concerning this matter, please call:

Kristen Fernandez

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 change is subn  | sitted for a corporation organ  | 92, 607.1508, or 617.1508, Fl<br>nized under the laws of the Sta<br>tered agent, or both, in the Sta   | ate of Florida                              |
|--|---|--|---|
| 1. The name of the corporat  | <sub>ion:</sub> Moore Bowman 8  | & Reese, P.A.  | . , , , , , , , , , , , , , , , , , , ,     |
| 2. The principal office addr<br>Tampa, Florida 3                                       |   | edy Boulevard, Suite   | 221   |
| 3. The mailing address (if d   | ifferent):  |  |   |
| 4. Date of incorporation/qua   | alification: 12/12/2011   | Document number: P   | 11000105029                                 |
|  | ress of the current registered ate: (If resigned, enter resign                                  | agent and registered office on ed)   | file with the                               |
| Jackson  | n H. Bowman   |  | 7. B  |
| 300 We   | est Platt Street, Suite   | e 100  | TANA TANA                                   |
| Tampa,   | Florida 33606   |  | 33 -  |
| 6. The name and street addr (if changed):  | ess of the new registered age   | ent (if changed) and /or registe   |   |
| Jackson  | n H. Bowman   |  | 202   |
| 4100 W   | est Kennedy Boule   |  |   |
| Tampa,   | P.O. Box NO   | T acceptable   |   |
| The street address of its regas changed will be identical                              | gistered office and the street l.   | address of the business offic  | ce of its registered agent,                 |
| Such change was authorized authorized by the board, or                                 | d by resolution duly adopted<br>the corporation has been no                                     | d by its board of directors or<br>otified in writing of the chang  | by an officer so<br>ge.                     |
| in al Arline   | non   | Jackson H. Bowma   |   |
| I further agree to comply w<br>performance of my duties,<br>agent. Or, if this documen | tment as registered agent an<br>with the provisions of all stat<br>and I am familiar with and a | Printed or typed named agree to act in this capacity that relative to the proper and the capacity the obligation of my placet a change in the registere in writing of this change. | ty.<br>nd complete<br>osition as revistered |
| Lyl Ix   | u kom   | 05/09/2019   |   |
| Signature of Regist  | -   | Date   |   |
| If signing on behalf of an e   | ntity:  |  |   |
| Typed or Printed   | Name  |  |   |
|  | * * * FILING FE   | EE: \$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)