

PL2000007389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

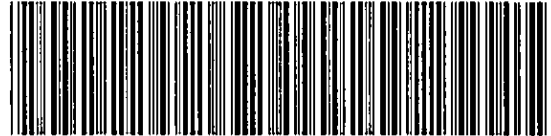
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 29 2018

T. LEMIEUX

12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LORI FEIN PA
Name of Corporation

DOCUMENT NUMBER: P12 00000 7389

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:

LORI FEIN
Name of Contact Person

LORI FEIN PA
Firm/Company

3564 MAGELLAN CIR D17
Address

Aventura FL 33180
City/State and Zip Code

LORI @ FEIN REALTOR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI FEIN at (305) 336 1272
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

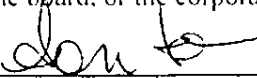
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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

1. The name of the corporation: LORI FEIN PA
2. The principal office address: 3525 Magellan Cir 622
Aventura FL 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Jan 20, 2012 Document number: PI 2000007389
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)
3525 Magellan Cir 622
Aventura FL 33180
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
3564 Magellan Cir 217
Aventura FL 33180
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

LORI FEIN
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

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)

FILED
2011 MAY 25 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA