

P120000009409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kaye Law Offices, P.A.
Name of Corporation

DOCUMENT NUMBER: P12000009409

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:

Asami Kaye
Name of Contact Person

Kaye Law Offices, P.A.
Firm/Company

1070 E. Indiantown Rd #212
Address

Jupiter, FL 33477
City/State and Zip Code

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

For further information concerning this matter, please call:

Asami Kaye at (305) 733-6733
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

Attn: Rebecca White

COVER LETTER

850-245-6897

TO: Amendment Section
Division of CorporationsSUBJECT: Kaye Law Offices, P.A.
Name of CorporationDOCUMENT NUMBER: P1200000 9409

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:

Asami Kaye
Name of Contact PersonKaye Law Offices, P.A.
Firm/Company1070 E. Indian Town Rd Suite 212
AddressJupiter, FL 33477
City/State and Zip Codeakaye@labortlawflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Asami Kaye at (305) 733-6733
Name of Contact Person Area Code & Daytime Telephone Number

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

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

1. The name of the corporation: Kaye Law Offices, PA.
2. The principal office address: 1070 E. Indiantown Rd. Suite 212
Jupiter FL 33477
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/27/12 Document number: PR2000009409

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)

Asami Kaye
1016 Clemmons St. Suite 301
Jupiter FL 33477

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

Asami Kaye
1070 E. Indiantown Rd. Suite
Jupiter FL 33477

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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.

Asami Kaye
Signature of an officer or director

Asami Kaye
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.

Asami Kaye
Signature of Registered Agent

12/6/12
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)