P12000024585

(Re	questor's Name)		
(Ad	dress)		
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(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Chad M. Elliott, P.A. - Change of Address

Name of Corporation

DOCUMENT NUMBER: P12000024585

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:

Chad M. Elliott

Name of Contact Person

Chad M. Elliott, P.A.

Firm/Company

111 N. 12th Street, Unit 1522

Address

Tampa, FL 33602

City/State and Zip Code

Chad@SHELTERtampa.com

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

For further information concerning this matter, please call:

Chad M. Elliott

_.813

951-0907

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 cha	ange is submitted for a corporation organ	iz, 607.1308, or 617.1308, Florida Statutes, this sized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
	the corporation: Chad M. Elliott, P.	·	
2. The principal	office address: 111 N. 12th Street	, Unit 1522 Tampa, FL 33602	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 3/12/2012	Document number: P12000024585	
	d street address of the current registered a rtment of State: (If resigned, enter resigne		
	Chad M. Elliott	N 25	
	401 Channelside Walk Way #1284		
	Tampa, FL 33602		
6. The name and (if changed):	d street address of the new registered ager		
	Chad M. Elliott		
	111 N. 12th Street, Unit 1522		
	Tampa, FL 33602	acceptable	
The street addr	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	
Such change wauthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
	MATT	Chad M. Elliott / CEO	
•	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refle that the corporation has been notified in	Printed or typed name and title d agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.	
	MASS	6/22/2012	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *