

PLA 000026336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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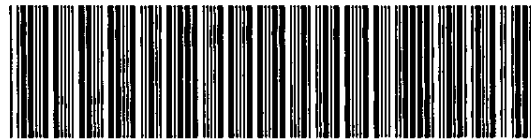
(Business Entity Name)

(Document Number)

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*R470*

FEB - 1 - 2013

T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Joan Poulton PA  
Name of Corporation

**DOCUMENT NUMBER:** P12000026336

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:

Joan Poulton  
Name of Contact Person

Joan Poulton PA  
Firm/Company

21301 Powerline Rd 106  
Address

Boca Raton FL 33433  
City/State and Zip Code

JoanPoulton491@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Poulton at ( 561 ) 9264411  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Joan Poulton PA

2. The principal office address: 6100 NW 2nd Ave #327  
Boca Raton FL 33487

3. The mailing address (if different): RE/MAX Complete Solutions  
Joan Poulton 21301 Powerline Rd #106 Boca Raton FL 33433

4. Date of incorporation/qualification: 3/16/2012 Document number: P12000026336

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)

Resigned

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

Joan Poulton PA  
RE/MAX Complete Solutions  
21301 Powerline Rd #106  
P.O. Box NOT acceptable  
Boca Raton FL 33433

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TALLAHASSEE, FLORIDA

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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.

J Poulton  
Signature of an officer or director

President  
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.

J Poulton  
Signature of Registered Agent

1/29/2013  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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