## P12000036336

(Re	equestor's Name)	
(Ac	ddress)	
(A	ddress)	<del> </del>
(C	ity/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
<b>(</b> B	usiness Entity Name	)
(D	ocument Number)	<del>-</del>
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	Amendment Section Division of Corporations
SUBJE	CT: Soan Roulton PA Name of Corporation
DOCUN	MENT NUMBER: P12000026336
The enc	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Name of Contact Person  Soan Roulton PA  Firm/Company
	21301 Powerline Rd 106 Address
	Boxca Radon FL 33433 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furtl	her information concerning this matter, please call:
<del></del>	Name of Contact Person at (Bel) 926 4411  Area Code & Daytime Telephone Number
Enclose	d is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

## 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	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Soan Poulton PA	
2. The principal office address: (0100 NW 2nd Ave #32)	
Boca Raton FL 33487	
3. The mailing address (if different): REIMAY Complete Solutions	
mar Pouton 21301 Powerline Rd #106 Boca Raton FL334	<u>3</u>
4. Date of incorporation/qualification: 3/16/2012 Document number: P1200002630	<u>3</u>
<ol><li>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)</li></ol>	
Resigned	
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Joan Poulton PA	
21301 Powerline Rd #106	
P.O. Box NOT acceptable	
Doca Raton FC 33435	
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.	
Maulion President	
Signature of an officer or director  Printed or typed name and title  Likewalthy case of the composition of	
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.	
Maulian 1/20/2013	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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