## 212000041186

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

STEFANIE MOON, P.A.

P12000041186

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:

STEFANIE C. MOON

Name of Contact Person

S.C. MOON LAW

Firm/Company

1408 S. ANDREWS AVE.

Address

FT. LAUDERDALE, FL 33316

City/State and Zip Code

SCMOONESQ2@YAHOO.COM

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

For further information concerning this matter, please call:

STEFANIE C. MOON

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	provisions of sections 607.0302, 617.0302 inge is submitted for a corporation organi r to change its registered office or registe	ized under the laws of the St	ate of FLORIDA	
1. The name of t	he corporation: STEFANIE MOO	N, P.A.		
2. The principal	office address: 1408 S. ANDREV	VS AVE., FT. LAUD	ERDALE, FL 3331	6
<u></u>				
3. The mailing a	ddress (if different): P.O. BOX 224	118, FT. LAUDERDA	ALE, FL 33335	
4. Date of incorp	poration/qualification: 05/02/2012	Document number: F	12000041186	
	street address of the current registered ag tment of State: (If resigned, enter resigned		file with the	
	STEFANIE MOON, ESQ.			
	320 SE 11TH STREET		>	
	FT. LAUDERDALE, FL 3331	6	2012 JUN -8	10-x t. <u>m</u> ∰
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registe		Tij
	STEFANIE MOON, ESQ.			,
	1408 S. ANDREWS AVE.		<u> </u>	
	FT. LAUDERDALE, FL 3331			
The street addre	ess of its registered office and the street a be identical.	address of the business offic	e of its registered agent,	
Such change was authorized by, the	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or ified in writing of the chang	by an officer so ge.	
Signatu	re of an officer or director	STEFANIE MOON Printed or typed name		
I further agree i	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to refless that the corporation has been notified in	ites relative to the proper at ecept the obligation of my p	nd complete osition as registered	
$\mathcal{L}$	MACA nature of Registered Agent	06/05/2012	<u> </u>	
_	half of an entity:	Date		
	C. MOON, ESQ.			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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