

P12 0000 55279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

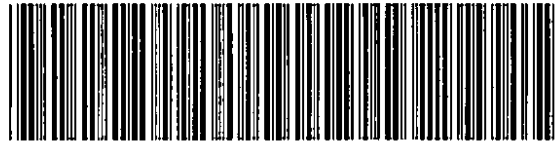
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Michele Hale PA  
Name of Corporation

DOCUMENT NUMBER: P12000055 279

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:

Michele Fox  
Name of Contact Person  
Michele Hale PA  
Firm/Company  
655 Pelican Way  
Address  
Debra Beach FL 33483  
City/State and Zip Code  
Halesells@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Fox at 954, 648 2065  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: Michele Hale PA  
2. The principal office address: 655 Pelican Way  
Delray Beach FL 33483  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 6-19-12 Document number: P12 0000 55279  
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)

Michele Hale  
655 Pelican Way  
Delray Beach FL 33483

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

Michele Fox  
655 Pelican Way  
Delray Beach FL 33483

P.O. Box NOT acceptable

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.

[Signature]  
Signature of an officer or director

Michele Hale  
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.

[Signature]  
Signature of Registered Agent

3-22-22  
Date

If signing on behalf of an entity:

Michele Hale  
Typed or Printed Name

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