P12000059609

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TO: Amendment Section Division of Corporations

Anitra Lanczi, P.A.

SUBJECT:_

.

Name of Corporation

P12000059609

DOCUMENT NUMBER:

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:

Anitra D. Lanczi

Name of Contact Person

Anitra Lanczi, P.A.

Firm/Company

1512 E. Broward Blvd., Suite 101

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

Anitra@LancziLaw.com

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

For further information concerning this matter, please call:

Anitra D. Lanczi	954	278-6723
	at ()
Name of Contact Person	Area Code	& Davtime 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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation:	Anitra Lanczi, P.A.	
2. The principal office address:1512 E. Broward Blvd., Suite 101, Fort Lauderdale, FL 33301		
3. The mailing address (if differe	nt):	
4. Date of incorporation/qualifica	7-5-2012 P12000059609	
5. The name and street address of Florida Department of State: (I Anitra D. La		
333 N. New F	River Drive E., Suite 3100	
Fort Lauderd	ale, FL 33301	
 The name and street address of (if changed): 	ale, FL 33301	
Anitra D. Lan		
, 1512 E. Brow	vard Blvd, Suite 101	
Fort Lauderd	P.O. Box NOT acceptable ale, FL 33301	

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 of an officer or pirector

· :

Anitra D. Lanczi, President

July 31, 2018

Printed or typed name and title

Date

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 of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)