P12000061339

| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

| TO: | Amendment Section Division of Corporations | | |
|-------------------|--|--|---|
| SUBJE Name o | CCT: Melanie Harris PA of Corporation | | |
| | D120VVVAC1330 | | |
| | MENT NUMBER: | | |
| | • | ed Office/Agent and fee are submitted for filing. | |
| Please | return all correspondence concerning this | s matter to the following: | |
| Mclanie | Harris | | |
| | of Contact Person Harris PA | | |
| | ompany stminster Rd. | · · · · · · · · · · · · · · · · · · · | |
| Addres West Pa | s Im Beach, FL 33405 | | |
| City/Sta | ate and Zip Code mgroutharris@gmail.com | | |
| E-mail | address: (to be used for future annua | al report notification) | |
| For furt | ther information concerning this matter, | please call: | |
| Melanie | Harris | 561 319-7508 at () | |
| | Name of Contact Person | Area Code & Daytime Telephone Number | |
| Enclose | ed is a \$35.00 check made payable to the | | |
| | Mailing Address: Amendment Section | Street Address: | - |
| | | Street Address: Amendment Section Division of Corporations The Centre of Tallahassee | J |
| | Division of Corporations | Division of Corporations | |
| | P.O. Box 6327 | • • | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

CR2E045 (04/13)

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. |
| Melanie Harris PA 1. The name of the corporation: |
| 2. The principal office address: |
| |
| 3. The mailing address (if different): |
| 3. The mailing address (if different): 4. Date of incorporation/qualification: 7-/2 -2 0/2 Document number: P12000061339 |
| 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) |
| The Elias LAW Firm PLLC |
| The Eligs LAW Firm PUC 15500 New Ban Rd. St. 104 |
| miami Lakes, FL. 33014 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Melanie Harris |
| 119 Westminster Rd., West Palm Beach, FL 33405 |
| 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. |
| Melanie Harris Melanie Harris Physides |
| 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. Thereby confirm that the corporation has been notified in writing of this change. |
| Mulane Harris 12-20-22 |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| |
| Typed or Printed Name |

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