

P120000 Ld 975

(Requestor's Name)

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(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: PLANNING CONCEPTS, INC
Name of Corporation

DOCUMENT NUMBER: P120000 66975

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:

CLIFFORD W. MAHER
Name of Contact Person

PLANNING CONCEPTS, INC
Firm/Company

7383 ORANGEWOOD LN
Address

APT. 402
BOCA RATON FL 33433
City/State and Zip Code

FPCCLIFF@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLIFFORD W. MAHER at (954) 630-9035
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

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: PLANNING CONCEPTS, INC.
2. The principal office address: 7383 ORANGEWOOD LANE - # 402
BOCA RATON, FL 33433
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/16/1996 Document number: P12000066975

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)

MAHER, CLIFFORD W
457 WOODLAKE LANE
DEERFIELD BEACH, FL 33442

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

MAHER CLIFFORD W.
7383 ORANGEWOOD LANE
APT. 402 P.O. Box NOT acceptable
BOCA RATON, FL 33433

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.

Clifford W. Maher
Signature of an officer or director

CLIFFORD W. MAHER
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.

Clifford W. Maher
Signature of Registered Agent

10/08/2019
Date

If signing on behalf of an entity:

CLIFFORD W. MAHER
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