P12000090133

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



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SECRETARY OF STATE VALLAHASSEE, FLORIDA



COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: ROBERT T. PARR, P.A. Name of Corporation |
| DOCUMENT NUMBER: P12000090133 |
| 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: |
| SHELBY BRENDER Name of Contact Person |
| The Law Office of Robert T. Parr Firm/Company |
| 224 Datura Street, Suite #800 |
| West Palm Beach, FL 33401 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Shelloy Brender at (561) 360-2185 Name of Contact Person at (561) 360-2185 Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Englosed is a \$25.00 sheek made payable to the Department of State |

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. |
|---|
| 1. The name of the corporation: Robert T. Par, P.A. |
| 2. The principal office address: 224 Datura Street, Suite # 800 |
| West Palm Beach, FL 33401 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 10/25/12 Document number: P1200090133 |
| 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) |
| 515 N Flagler Dr. Suite #P3000 \$ |
| West Palm Beach, FL 33401 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Parr, Robert T. |
| 224 Datura Street, Suite# 800 P.O. Box NOT acceptable |
| West Palm Beach, FL 33401 |
| 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 director Robert T. Page 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 of Registered Agent TUNE 18 2013 Date |
| 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)