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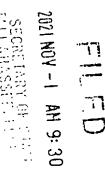
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FLORIDA LAW ADVISERS, P.A. Name of Corporation	
DOCUMENT NUMBER: P12000095803 The enclosed Statement of Change of Registered O Please return all correspondence concerning this ma	
Matthew Podolsky	
Name of Contact Person	
FLORIDA LAW ADVISERS, P.A.	
Firm/Company	
P.O. Box 1414	
Address	
Dunedin, FL 34697	
City/State and Zip Code	
Matthew@FloridaLegalAdvice.	com
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please Matthew Podolsky Name of Contact Person	ase call: at (727) 251 7325 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment 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

CR2E045 (04/13)

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

in order	to change its registered office or reg	canized under the laws of the State of Florida istered agent, or both, in the State of Florida	<u>.</u>		
1. The name of the	he corporation: FLORIDA LAW ADV	ISERS, P.A.			
2. The principal of 1120 E Kennedy,	office address:				
3 The mailing as	ddress (if different): P.O. Box 1404, D	runedin, FL 34697			
4. Date of incorp	poration/qualification: 11/15/2012	Document number: P12000095803			
5. The name and		d agent and registered office on file with the			
	Resigned Matthew Podolsky				
	1408 N Westshore Blvd., Ste.114				
	Tampa, FL 33607		IVI IS	207	
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	ECRETAK LAHASS	2021 NOV - I	
	Registered Agents Inc.			A	; ;
	7901 4th St N, STE 300		*****	AH 9	
		Box NOT acceptable	:	<u>မှ</u> သူ	
	St. Petersburg, FL 33702			0	
The street addre	ess of its registered office and the str	reet address of the business office of its regi	istered a	agent,	
Such change was authorized by the	as authorized by resolution duly ado he board, or the corporation has beer	pted by its board of directors or by an offic i notified in writing of the change.	er so		
		Matthew Podolsky			
Signali	ire of an officer or director	Printed or typed name and title			
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	t and agree to act in this capacity. statutes relative to the proper and complete obligation of my position as registered age nthe registered office address, I hereby con nge.	eperform nt. Or, nfirm th	mance if this at the	
•	Bill have	10/27/2021			
Sig	granture of Registered Agent	Date			
- -	ehalf of an entity:				
Bill Havre - on	behalf of Registered Agents	Inc.			
3.1.10.2.10	Typed or Printed Name				

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