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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Komlossy Law, P.A.

Name of Corporation

DOCUMENT NUMBER:

P13000020094

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:

Emily C. Komlossy

Name of Contact Person

Komlossy Law, P.A.

Firm/Company

2131 Hollywood Blvd., Suite 408

Address

Hollywood, FL 33020

City/State and Zip Code

ekomlossy@gmail.com

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

For further information concerning this matter, please call:

Emily Komlossy

.954

647-4007

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

•	•	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida	
		red agent, or both, in the State of Florida.	
1. The name of the co	rporation: Komlossy Law, P.A	٩.	
2. The principal office	e address: 2131 Hollywood Bl	vd., Suite 408, Hollywood, FL 33020	
3. The mailing addres	s (if different):		
4. Date of incorporati	on/qualification: March 1, 2013	3	
	et address of the current registered ag t of State: (If resigned, enter resigned	gent and registered office on file with the	
Em	ily C. Komlossy	AHA	_
15	15 Dogwood Road		
Hol	llywood, FL 33021	Fist #	ILED
6. The name and stree (if changed):	et address of the new registered agen	it (if changed) and /or registered office	
Em	ily C. Komlossy	<u> </u>	
213	31 Hollywood Blvd. Suite 4	08	
	P.O. Box NOT	acceptable	
	llywood, FL 33020		
The street address of as changed will be id	its registered office and the street a entical.	address of the business office of its registered agent	t.
		by its board of directors or by an officer so ified in writing of the change.	
Muly Supply and	Kindowy of director	Emily C. Komlossy Printed or typed name and title	
I hereby accept the a I further agree to con performance of my d	ppointment as registered agent and nply with the provisions of all statu uties, and I am familiar with and ac		
Analy Signature	of Registered Agent	March 15, 2013	
If signing on behalf of	of an entity:		
Emily C. Komlo			
Typed or	Printed Name	D. 625 00 + + +	
	* * * FILING FER	た; ずつつ・0.0	

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