## 13000036358

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
| ·                                       |  |  |  |
|   |  |  |  |
|   |  |  |  |





700252568047

10/24/13--01012--002 \*\*35.00



My M

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: The Winig Law Firm, P.A.

Name of Corporation

DOCUMENT NUMBER:

P13000036358

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:

Steven L. Winig

Name of Contact Person

The Winig Law Firm, P.A.

Firm/Company

800 Village Square Crossing, Ste. 351

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

swinig@winiglaw.com

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

For further information concerning this matter, please call:

Steven L. Winig

,561

632-5900

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

| statement of char   | provisions of sections 607.0502, 617.0502, 607.1<br>nge is submitted for a corporation organized und<br>r to change its registered office or registered ago | der the laws of the State of Florida            |  |
|---|---|---|--|
| 1. The name of the  | he corporation: The Winig Law Firm, P. office address: 800 Village Square Cros  | Α.  |  |
|   | ch Gardens, Florida 33410   |   |  |
| 3. The mailing ad   | ddress (if different):  |   |  |
| 4. Date of incorp   | poration/qualification: 4/23/13   | Document number: P13000036358                   |  |
|   | street address of the current registered agent and tment of State: (If resigned, enter resigned)  | d registered office on file with the            |  |
| _   | Steven L. Winig   |   |  |
|   | 4400 Northcorp Parkway  |   |  |
| -   | Palm Beach Gardens, Florida 334   | 10 3 1 2 E                                      |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |   |   |  |
| -   | Steven L. Winig   | <b>5. 5. 5.</b>                                 |  |
| 800 Village Square Crossing, Suite 351  |   |   |  |
| P.O. Box NOT acceptable   |   |   |  |
| -   | Palm Beach Gardens, Florida 334   | 10  |  |
| The street address as changed will be   | ess of its registered office and the street address<br>be identical.  | of the business office of its registered agent, |  |
| 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.   |   |   |  |
|   |   | en L. Winig, President                          |  |
| Signature of appointment as registered agent and agree to act in this capacity.  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 porporation has been notified in writing of this change. |   |   |  |
|   |   | ober 21, 2013                                   |  |
| If signing on beh   | half of an entity:  | Date  |  |
| Έντ   | ped or Printed Name   |   |  |

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