## P1300056083

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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## **COVER LETTER**

Division of Corporations
SUBJECT: LILLIAN PETERSON PA  Name of Corporation
DOCUMENT NUMBER: P 130000 56083
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:
LILIAN PETERSON  Name of Contact Person
Name of Contact Person
LULIAN PETERSON PA Firm/Company
24201 SW 120 AVE
HOMESTEAD, FL 33032 City/State and Zip Code
LPETERSON 333 e G m A I L. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LILLIAN PETERSON at (786) 955 - 400 8  Name of Contact Person Area Code & Daytime Telephone Number
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  Street Address: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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 Rocida	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: LILLIAN PETERSON PA	
2. The principal office address: 24201 5w 120 Aug	
HOMESTEAD IFL 33032	
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: 07/01/2013 Document number: P130000 5608	3
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)	
CORPORATION SERVICE COMPANY	8 2
1201 HAYS ST	
TALLAITASSEE, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	が国際
LILLIAN PETERSON	
24201 SW 120 AUZ	
P.O. Box NOT acceptable	
HOMESTEAD, R 33032	
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  Signature of an officer or director  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 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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