## P13000065882

| (Requestor's Name)                      |                                  |
|---|----------------------------------|
| (Address)                               | 200353237552                     |
| (Address)                               |                                  |
| (City/State/Zip/Phone #)                |                                  |
| (Business Entity Name)                  |                                  |
| (Document Number)                       | 10/19.12661933013 ++ <b>8</b> 5. |
| Certified Copies Certificates of Status |                                  |
| Special Instructions to Filing Officer: | 2.5<br>2.5                       |
|   |                                  |
|   |                                  |
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Key 2 0 2020 I ALBRITTON

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: LEWIS LEGAL GROUP, P.A.  |   |  |  |  |
|---|---|--|--|--|
| Name of Corporation   |   |  |  |  |
| DOCUMENT NUMBER: P13000065882   |   |  |  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.   |   |  |  |  |
| Please return all correspondence concerning this matte  | r to the following:   |  |  |  |
| JEANNETE C. LEWIS   |   |  |  |  |
| Name of Contact Person  | <del></del>   |  |  |  |
| LEWIS LEGAL GROUP, P.A.   |   |  |  |  |
| Firm/Company  |   |  |  |  |
| 12401 ORANGE DRIVE, SUITE 100-C   | <u> </u>  |  |  |  |
| Address   |   |  |  |  |
| DAVIE, FLORIDA 33330  |   |  |  |  |
| City/State and Zip Code   | <del></del>   |  |  |  |
| JLEWIS@LEWISLEGALGROUP.0  | COM   |  |  |  |
| E-mail address: (to be used for future annual repo  | rt notification)  |  |  |  |
| For further information concerning this matter, please  | call:   |  |  |  |
| JEANNETE C. LEWIS   | at (954 \)  660-4499  |  |  |  |
| Name of Contact Person  | at (954 )660-4499 Area Code & Daytime Telephone Number  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Depar   | tment 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 cha   | nge is submitted for a corporation organi   | 2, 607.1508, or 617.1508, Florida Statutes,<br>zed under the laws of the State of FLORID<br>red agent, or both, in the State of Florida.                                  |  |
|--|---|---|--|
| 1. The name of t   | he corporation: LEWIS LEGAL GROUP,  | P.A.  |  |
| 2. The principal   | office address: 12401 ORANGE DRIVE, S   | UITE 100-C, DAVIE, FLORIDA 33330  |  |
|  |   |   |  |
| _  | ddress (if different):  | D12000075992  |  |
| 4. Date of incorp  | poration/qualification: 08/07/2013  | Document number: P13000065882   |  |
|  | I street address of the current registered ag<br>tment of State: (If resigned, enter resigned   | <del>-</del>  |  |
|  | JEANNETE C. LEWIS   |   |  |
|  | 12555 ORANGE DRIVE, SUITE 227   |   |  |
|  | DAVIE, FLORIDA 33330  |   | _                                      |
| 6. The name and (if changed):                            | d street address of the new registered agen   | t (if changed) and /or registered office  |  |
|  | JEANNETE C. LEWIS   |   | `<br>C                                 |
|  | 12401 ORANGE DRIVE, SUITE 100-C   |   |  |
|  | P.O. Box  | NOT acceptable  |  |
|  | DAVIE, FLORIDA 33330  |   |  |
| The street addre   | ess of its registered office and the street a be identical.   | address of the business office of its registe   | ered agent                             |
| Such change wa<br>authorized by th                       | ns authorized by resolution duly adopted<br>ne board, or the corporation has been not   | by its board of directors or by an officer ified in writing of the change.  | so                                     |
| Aller  | to Class  | JEANNETE C. LEWIS   |  |
| Signatu  | re of an officer or director  | Printed or typed name and title   |  |
| I further agree t<br>of my duties, an<br>document is bei | the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change. | l agree to act in this capacity.<br>tes relative to the proper and complete pe<br>gation of my position as registered agent<br>registered office address, I hereby confit | erformanc<br>Or, if thi<br>rm that the |
| A 1 11   | White CHOOD   | OCTOBER 13, 2020  | i                                      |
| Sig  | nature of Registered Agent  | Date  | <del></del>                            |
| If signing on be   | half of an entity:  |   | 1                                      |
| JEANNETE C. L  | LEWIS   |   | ·                                      |
| T  | yped 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

FOR CORPORATIONS