

P13000080576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

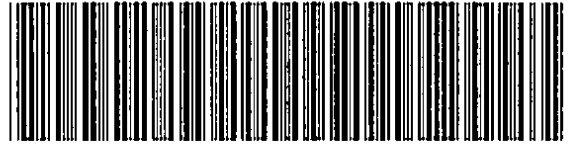
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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NOV 28 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Forensic Accountants & Consultants, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P13000080576

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:

Monica Caswell

Name of Contact Person

Forensic Accountants & Consultants, P.A.

Firm/Company

1200 Ponce De Leon Blvd Unit 1001

Address

Coral Gables, FL 33134

City/State and Zip Code

monica@fac-cpa.com

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

For further information concerning this matter, please call:

Monic Caswell

Name of Contact Person

at (813) 382-0805

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Forensic Accountants & Consultants, P.A.
2. The principal office address: 1200 Ponce De Leon Blvd Unit 1001 Coral Gables, FL 33134
3. The mailing address (if different): PO Box 22161 Tampa, FL 33134
4. Date of incorporation/qualification: 09/30/2013 Document number: P13000080576
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)

Monica Caswell

201 E Kennedy Blvd Suite 1460 Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Monica Caswell

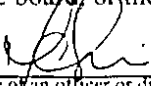
1200 Ponce De Leon Blvd Unit 1001

P.O. Box NOT acceptable

Coral Gables, FL 33134

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

Monica Caswell, President

\_\_\_\_\_  
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

08/03/22

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed 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

CR2E045 (04/13)