

P/4000012057

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RA/RO change

SEP 22 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marguitta Nicole Shiever, PA
Name of Corporation

DOCUMENT NUMBER: P14000012057

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:

Marguitta Shiever
Name of Contact Person

Marguitta Nicole Shiever, PA.
Firm/Company

4710 Lonsdale Circle
Address

ORlando, FL 32817
City/State and Zip Code

MarguittaShiever@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marguitta Shiever at (407) 721-1675
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2014

MARQUITA SHIEVER
MARQUITA NICOLE SHIEVER, PA
4710 LONGDALE CIRCLE
ORLANDO, FL 32817 US

SUBJECT: MARQUITA NICOLE SHIEVER PA
Ref. Number: P14000012057

We have received your document for MARQUITA NICOLE SHIEVER PA and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 614A00018625

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

1. The name of the corporation: Marguile Nicole Shiever PA
2. The principal office address: 4710 Connsdale Circle
Orlando, FL 32817
3. The mailing address (if different): _____
4. Date of incorporation/qualification: February 6, 2014 Document number: P14000012057
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 - Deb Recur
1201 Hays St
Tallahassee, FL 32301

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

Marguile Nicole Shiever
4710 Connsdale Circle
P.O. Box NOT acceptable
Orlando, FL 32817

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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]
Signature of an officer or director

8/16/14
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]
Signature of Registered Agent

8/16/14
Date

If signing on behalf of an entity:

Marguile Nicole Shiever
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