

P140000021413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

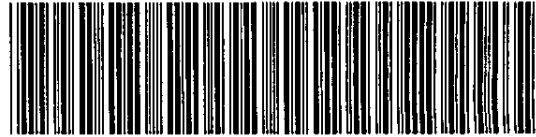
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100303834411

09/29/17--01014--002 \*\*35.00

FILED

2017 SEP 29 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Rd/chg

OCT 02 2017

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1The Metka Law Firm, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P14000021413

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:

Chelsea L. Metka

Name of Contact Person

The Metka Law Firm, P.A.

Firm/Company

1135 East Avenue

Address

Clermont, FL 34711

City/State and Zip Code

Chelsea@MetkaLawFirm.com

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

For further information concerning this matter, please call:

Chelsea Metka

Name of Contact Person

407 826-1952

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**

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: The Metka Law Firm, P.A.
2. The principal office address: 1135 East Avenue, Clermont, FL 34711
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/7/2014 Document number: P14000021413
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)

Chelsea Metka

228 Annie Street

Orlando, FL 34711

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

Chelsea Metka

1135 East Avenue

P.O. Box NOT acceptable

Clermont, FL 34711

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

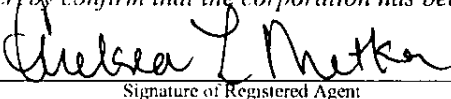
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Chelsea Metka, President/Owner

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

09/27/2017

Date

If signing on behalf of an entity:

Chelsea Metka

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 (03/12)

FILED  
2017 SEP 29 AM 10:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE