

PI4000030592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

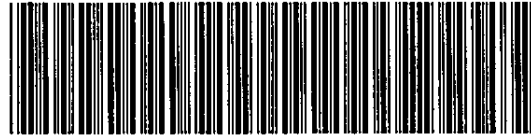
(Document Number)

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

Special Instructions to Filing Officer:

already filed annual report  
\$635.00 is due  
600.00 reinstatement  
3500 RA designation

Office Use Only



200267284422

08/20/15--01016--027 \*\*535.00

08/20/15--01016--028 \*\*100.00

FILED  
15 AUG 17 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Reinstatement RA change

AUG 19 2015

D CUSHING

**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**PERRY MANAGER, INC.**

**P14000030592**

**Thank you!**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input checked="" type="checkbox"/> Other   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <b>COA</b>                                  |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        |   |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/18/2015

**ST**

Order#:  
**9663347**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL 32309

15 AUG 17 PM 12:50

**FILED**



August 18, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PERRY MANAGER, INC.  
\*\*FAX FILING\*\*CT CORPORATION SYSTEM\*\*  
AVENTURA, FL 33160

SUBJECT: PERRY MANAGER, INC.  
REF: P14000030592

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 8/17

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The subject entity was administratively dissolved or its certificate of authority was revoked for failure to appoint and maintain a registered agent. The entity must be reinstated. The total fee due is \$635.00.

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 Cannon  
Regulatory Specialist II

FAX Aud. #: H15000198580  
Letter Number: 615A00017357

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Perry Manager, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P14000030592

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:

Joshua L. Dubin, Esq.

Name of Contact Person

Joshua L. Dubin, P.A.

Firm/Company

17701 Biscayne Blvd., Suite 201

Address

Aventura, FL 33160

City/State and Zip Code

arnoldswax@aol.com

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

FILED  
15 AUG 17 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Vivian Miller

Name of Contact Person

at ( 305 ) 918-1818

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: Perry Manager, Inc.
2. The principal office address: 6000 Island Blvd., Suite 2206, Aventura, FL 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/4/14 Document number: P14000030592
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)

Resigned

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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

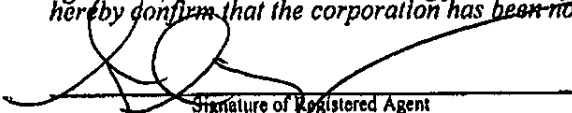
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Arnold S. Wax, PD

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

8/12/15  
Date

If signing on behalf of an entity:

Angel Nunez

Assistant Secretary  
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  
15 AUG 17 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA