## P14000035689

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	cument Number)	
,	,	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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09/19/14--01006--004 \*\*35.00



ORM 9/25/14

## **COVER LETTER**

TO:	Amendment Secti Division of Corpo			TALLANDES
	ECT:		Corporation	9 PH 2: 30
		R: P1400		
The en	closed Statement o	f Change of Registered Off	fice/Agent and fee are submitted for	filing.
Please	return all correspon	ndence concerning this mat	ter to the following:	
	RONA	LD SCOTT KRAMER Name of C	Contact Person	
		DONALD SCO	TT KRAMER, PA	
			Company	-
,		0707 \\\	O LOT 11400	
	<del></del>		2nd ST. #403 Idress	_
	DORAL, FL 33178  City/State and Zip Code			
		City/State	and Zip Code	
			otmail.com	_
	E-ma	il address: (to be used for	future annual report notification	)
For fur	rther information co	oncerning this matter, pleas	e call:	
	R. S	Scott Kramer Contact Person	at ( <u>786</u> ) <u>760-1128</u> Area Code & Daytime Tele	enhone Number
Enclos		k made payable to the Dep		phone Number
	A I F	Mailing Address: Amendment Section Division of Corporations 2.O. Box 6327 Callahassee, FL 32314	Street Address: Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florid ange is submitted for a corporation organized under the laws of the State o or to change its registered office or registered agent, or both, in the State o	of Florida
1. The name of	the corporation: RONALD SCOTT KRAMER, PA	
2. The principal	office address: 9735 NW 52 ST, APT 403, DORAL, FL 33178	·
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 04/21/2014 Document number: P140	00035689
	d street address of the current registered agent and registered office on file timent of State: (If resigned, enter resigned)	with the
	CORPORATION SERVICE COMPANY	ALLES SE S
	1201 Hays Street	SEP 19
	Tallahassee, FL 32301	2 11
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered	
	InCorp Services, Inc.	_
	17888 67th Court North	
	P.O. Box NOT acceptable  Loxahatchee, FL 33470	_
The street addre	ss of its registered office and the street address of the business office of be identical.	its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by a e board, or the corporation has been notified in writing of the change.	n officer so
	Rows Som	KRINGE (D)
•	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comp duties, and I am familiar with and accept the obligation of my positics document is being filed merely to reflect a change in the registered off that the corporation has been notified in writing of this change.	
Khana	September 16, 2	
•	nalf of an entity:	
Heather Nee	on behalf of Incorp Services, Inc.	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*