P14000043006

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COVER LETTER

Division of Corporations
SUBJECT: Sharen J. Fromek PA Name of Corporation
DOCUMENT NUMBER: P1400043006
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:
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: Sharon J. Ziomek Name of Contact Person
Sharon J. Ziomek PD & w
5666 BRIAR DR. Address
ORLANDOFI 32819 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 402-3495 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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 ofA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sharen J. Flomek PB
2. The principal office address: 5606 BRIAR DR.
ORLANDO, FL 32P19
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>MBY 13, 2014</u> Document number: <u>P140000 43006</u>
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 CO. DEB-REEVE
1201 HAYS STREET
TALLAHASSEE, FL. 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sharow J. Frank B
P.O. Box NOT acceptable
P.O. Box NOT acceptable ORLANDS, FL 32819 EX 5
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 of director Sharow J. Zionek Press. 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
If signing on behalf of an entity: Start J Z 10 m E I (

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