## P14000054199

(Re	equestor's Name)	)
(Ac	ddress)	
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(Cit	ty/State/Zip/Phon	ne #)
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## COVER LETTER

Division of Corporations
SUBJECT: ANDREW J. ZIFFER, PA  Name of Corporation
DOCUMENT NUMBER: P14000054199
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:
AMDREW ZIFFER Name of Contact Person
ANDREW J. ZIFFER, PA
525 S.W. 52 St. Address
$\cdot$
FORT LANDER DAIE, FL 33315-1017 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREW 21FPER at (954) 559-8000  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  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 of <b>Florida</b> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ANDREW J. ZIFFER, PA.
2. The principal office address: 525 SW 5th St.  FORT LANDEROME, PL 33315-1017
3. The mailing address (if different):
4. Date of incorporation/qualification: 6-23-14 Document number: P14000054199
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.
1201 HAYS ST. = 20
TALLAHASSEE FL 32301 = STEP
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ANDREW ZIFFER 25
525 S.W. 54 St.  P.O. Box, NOT acceptable
FORT LANDERDALE, FL 33315-1017
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 anothice for deglor  ANDREW J. ZIFFER / PRES 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 Jegists ed Agent 1-6-15 Date
If signing on behalf of an entity:
ANDREW J. ZIFFER Typed or Printed Name

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