

P14000061571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

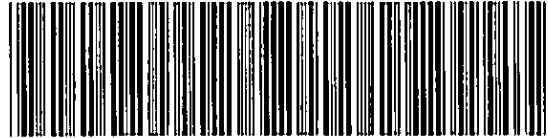
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2018 JUN 28 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL -2 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alicia Kurvin P.A.
Name of Corporation

DOCUMENT NUMBER: P14000061571

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:

Alicia Kurvin
Name of Contact Person

Firm/Company

#18 4141 S Tamiami Trail
Address

Sarasota, FL 34231
City/State and Zip Code

alicia.j.kurvin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Kurvin at (941) 539-1473
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
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2018

ALICIA KURVIN
#18 4141 S TAMiami TRAIL
SARASOTA, FL 34231

SUBJECT: ALICIA KURVIN, P.A.
Ref. Number: P14000061571

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 618A00012206

RECEIVED
18 JUN 25 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Alicia Kurvin, P.A.
2. The principal office address: #18 4141 S Tamiami Trail
Sarasota, FL 34231
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/22/14 Document number: P19000061571
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)

Alicia Kurvin,
~~2553 Britannia Rd~~ 2553 Britannia Rd
Sarasota, FL 34231

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

#18 4141 S Tamiami Trail
Sarasota, FL
34231

P.O. Box NOT acceptable

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.

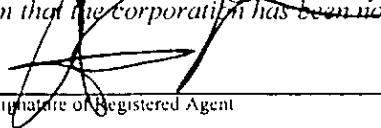


Signature of an Officer or Director

6/21/18

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

6/21/18

Date

If signing on behalf of an entity:

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 28 AM 11:16

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