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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hather M. Madigan PA Name of Corporation
DOCUMENT NUMBER: P14000074364
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:
Name of Contact Person Heather M. Madigan. PA Firm/Company PO BOX 279 Address Talm Heather R. 341082 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Mudeian at 727 207-3375 Name of Contact Person at 727 207-3375 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

. 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 State statement of change is submitted for a corporation organized under the laws of the State of F	
in order to change its registered office or registered agent, or both, in the State of Flori	
1. The name of the corporation: Heather M. Madi Gan, PA	
2. The principal office address: 2541 Btancia Blvd., Clear FL 33761	water
	 2 34687_
3. The mailing address (if different): PO BOX 2 99, Valvy Harbor, F. 4. Date of incorporation/qualification: 9182014 Document number: P14000	2-3446 C 274364
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)	ic
Heather Madigan	
159 Old Oak (IF.	
Palm Harby FL 341083	:
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	. s.) (.)
Heather Wadigan	
2541 Rtania Blud.	ು ಬ
P.O. Box NOT acceptable	
Clarwater, FL 33101	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board, or the corporation has been notified in writing of the change.	eer so
Signature of an officer or dylector Siclent Herather M. Mcc. Signature of an officer or dylector siclent Herather M. Mcc. Printed or typed name and title	igar, Prasic
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 stantes relative to the proper and comple of my duties, and I am familiar with and accept the obligation of my position as registered agactiment is being filed merely to reflect a change in the registered office address. I hereby corporation has been notified in writing of this change.	te performance tent. Or, if this confirm that the
Signature of Registered Agont Date	
If signing on behalf of an entity:	
Heather Madigary 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 (04/13)