

P14000076504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

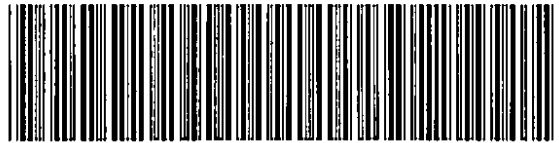
(Business Entity Name)

(Document Number)

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R. WHITE
NOV 27 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REGINA GOMES SCHNEIDER, P.A.

Name of Corporation

DOCUMENT NUMBER: P14000076504

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:

Regina Gomes

Name of Contact Person

REGINA GOMES SCHNEIDER, P.A.

Firm/Company

9472 carlyle avenue

Address

surfside, FL 33154

City/State and Zip Code

jpscope@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Gomes

Name of Contact Person

at (786) 519-7353

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

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

1. The name of the corporation: REGINA GOMES SCHNEIDER, P.A.
2. The principal office address: 9472 carlyle avenue, surfside, FL 33154
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/16/2014 Document number: P14000076504
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)

GOMES, Regina

9472 carlyle avenue

Surfside, FL 33154

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

Registered Agents Inc.

7901 4th St N STE 300


P.O. Box NOT acceptable

St. Petersburg FL 33702

2019 OCT 28 PM 12:37

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

Regina Gomes

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

10/21/2019

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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