

P/4000079/96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

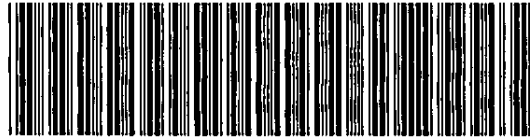
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01/11/16--01022--008 **25.00

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change

01/26/16--01023--001 **10.00

FILED
16 JAN 25 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2016

A RAMSEY

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2016

Michael Acker
Law Office of Michael A. Acker, P.A.
2600 N. Military Trail, Suite 410
Boca Raton, FL 33431

SUBJECT: LAW OFFICE OF MICHAEL A. ACKER, P.A.
Ref. Number: P14000079196

We have received your document for LAW OFFICE OF MICHAEL A. ACKER, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 416A00000948

RECEIVED
16 JAN 25 PM 2:18

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Law Office of Michael A. Acker, P.A.

Name of Corporation

DOCUMENT NUMBER: P14000079196

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:

Michael Acker

Name of Contact Person

Law Office of Michael A. Acker, P.A.

Firm/Company

2600 N. Military Trail, Suite 410

Address

Boca Raton, FL 33431

City/State and Zip Code

mike@michaelackerpa.com

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

For further information concerning this matter, please call:

Michael Acker

Name of Contact Person

at (561) 910-6620

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: Law Office of Michael A. Acker, P.A.
2. The principal office address: 2600 N. Military Trail, Suite 206
Boca Raton, FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/24/14 Document number: P14000079196

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)

Michael Acker

2600 N. Military Trail, Suite 206

Boca Raton, FL 33431

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

Michael A. Acker

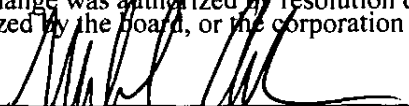
2600 N. Military Trail, Suite 410

P.O. Box NOT acceptable

Boca Raton, FL 33431

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

Michael Acker, President

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

January 21, 2016

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