

P140000S6154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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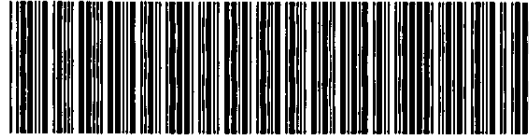
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Thomas J Melan PA
Name of Corporation

DOCUMENT NUMBER: P14000086154

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:

Thomas J Melan
Name of Contact Person

Thomas J Melan PA
Firm/Company

520 SE 5th Ave #1211
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas J Melan at (954) 484-6376
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

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

1. The name of the corporation: Thomas J Malan PA
2. The principal office address: 520 SE 5th Ave #1211
Fort Lauderdale, FL 33301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/20/2014 Document number: P14000086154
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 Serve Company
1201 Hays St
Tallahassee, FL 32301

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

Thomas J Malan
520 SE 5th Ave #1211
P.O. Box NOT acceptable
Fort Lauderdale, FL 33301

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]
Signature of an officer or director

Thomas J Malan 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]
Signature of Registered Agent

5/1/2015
Date

If signing on behalf of an entity:

Thomas J Malan
Typed or Printed Name

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