

P14000086659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

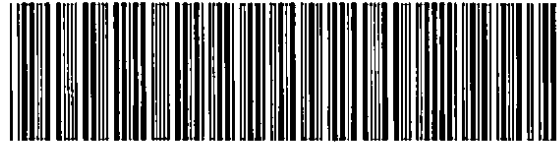
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 JUL 31 P 3 38

FILED

AUG 03 2017
TALLAHASSEE

NC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: McMenamin Law Group, P.A.

Name of Corporation

DOCUMENT NUMBER: P14000086659

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:

John F. McMenamin, Jr.

Name of Contact Person

McMenamin Law Group, P.A.

Firm/Company

2150 Seven Springs Blvd.

Address

New Port Richey, FL 34655

City/State and Zip Code

john@mytrinitylawyer.com

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

For further information concerning this matter, please call:

John F. McMenamin, Jr.

Name of Contact Person

at (727) 741-3913

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

July 18, 2017

JOHN F MCMENAMIN JR
2150 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

SUBJECT: MCMENAMIN LAW GROUP, P.A.
Ref. Number: P14000086659

We have received your document for MCMENAMIN LAW GROUP, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have John F. McMenamin Jr sign the document.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 517A00014534

RECEIVED
17 JUL 31 PM 4:49
DIVISION OF CORPORATIONS
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: McMenamin Law Group, P.A.
2. The principal office address: 2150 Seven Springs Blvd., New Port Richey, FL 34655
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/22/14 Document number: P14000086659

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)

John F. McMenamin, Jr.

3684 Welmore Court

Tarpon Springs, FL 34688

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

John F. McMenamin, Jr.

2150 Seven Springs Blvd.

P.O. Box NOT acceptable

New Port Richey, FL 34655

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

John F. McMenamin, Jr.

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

7/29/17
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