

P14000089753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

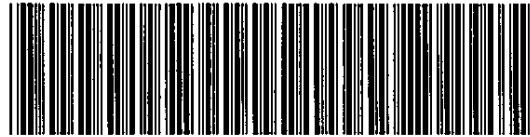
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400271440684

04/06/15--01042--020 \*\*35.00

STATE OF CALIFORNIA  
DIVISION OF CORPORATIONS  
15 APR - 6 PM 12:42

CL  
4-9-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sheila Wiseberg  
Name of Corporation

**DOCUMENT NUMBER:** P140000 89753

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:

Sheila Wiseberg  
Name of Contact Person

Sheila Wiseberg, PA  
Firm/Company

19090 Cloister Lake Ln  
Address

Boon Raton Fl 33498  
City/State and Zip Code

SRW South Florida @ bel.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Wiseberg at ( 541 ) 504 3693  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SHEILA WISEBERG, P A
- 2. The principal office address: 19090 CLOISTER LAKE LN  
BOCA RATON FL 33498
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: NOV 3 2014 Document number: P14000 89753
- 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)

~~SHEILA WISEBERG THE COMPANY CORPORATION  
19090 CLOISTER LAKE LN 2711 CANTONMENT RD.  
BOCA RATON FL 33498 WALINGTON DE 19808~~

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

SHEILA WISEBERG  
19090 CLOISTER LAKE LN  
BOCA RATON FL 33498

P.O. Box NOT acceptable

15 APR - 6 PM 12:42  
SEC. OF STATE  
DIVISION OF CORPORATIONS

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.

*Sheila Wiseberg*  
Signature of an officer or director

Sheila Wiseberg PA  
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.

*Sheila Wiseberg*  
Signature of Registered Agent

4/1/15  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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