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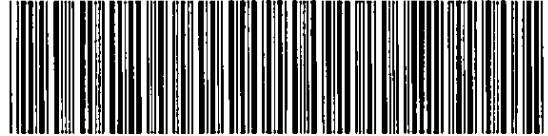
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18 JUN 28 AM 9:54  
2018 JUN 28 10:54 AM

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2018

DOUGLAS A. WOLFE  
WOLFE PINCAVAGE, LLP  
2937 SW 27TH AVENUE, SUITE 203  
MIAMI, FL 33133

SUBJECT: DOUGLAS A. WOLFE, P.A.  
Ref. Number: P14000097665

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 818A00012765

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DOUGLAS A. WOLFE, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P14000097665

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:

Douglas A. Wolfe

Name of Contact Person

Wolfe Pincavage, LLP

Firm/Company

2937 SW 27th Avenue, Suite 203

Address

Miami, FL 33133

City/State and Zip Code

doug@wolfepincavage.com

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

For further information concerning this matter, please call:

Monica Quarantotto

Name of Contact Person

at ( 786 ) 409-0800

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: Douglas A. Wolfe, P.A.  
2. The principal office address: 2937 SW 27th Avenue, Suite 203, Miami, FL 33133

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/01/2015 Document number: P14000097665

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)

Wolfe, Douglas A.

2980 McFarlane Road

Miami, FL 33133

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

Wolfe, Douglas A.

2937 SW 27th Avenue, Suite 203

P.O. Box NOT acceptable

Miami, FL 33133

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NOT RECORDED

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

Douglas A. Wolfe, 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

June 12, 2018  
Date

If signing on behalf of an entity:

Douglas A. Wolfe  
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  
CR2E045 (03/12)