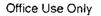
## P140000097665

(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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## COVER LETTER

TO: Amendment Section Division of Corporations

Douglas A. Wolfe, P.A.

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, I

Firm/Company

2937 SW 27th Avenue, Suite 302

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

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 statement of change is submitted for a corporation organized w in order to change its registered office or registered as	nder the laws of the State of Florida
1. The name of the corporation: Douglas A. Wolfe, P	
2. The principal office address: 2937 SW 27th Aver	ue, Suite 302, 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 a Florida Department of State: (If resigned, enter resigned)	nd registered office on file with the
Wolfe, Douglas A.	
2937 SW 27th Avenue, Suite 2	203
Miami, FL 33133	
6. The name and street address of the new registered agent (if c (if changed):	hanged) and /or registered office
Wolfe, Douglas A.	
2937 SW 27th Avenue, Suite 3	
Miami, FL 33133	
The street address of its registered office and the street address as changed will be identical.	s of the business office of its registered agent.
Such change was authorized by resolution duly adopted by its authorized by the board, or the corporation has been notified it	board of directors or by an officer so
	uglas A. Wolfe, President
Signature of an officer or director  I hereby accept the appointment as registered agent and agre I further agree to comply with the provisions of all statutes re performance of my duties, and I am familiar with and accept a agent. Or, if this document is being filed merely to reflect a c hereby confirm that the corporation has been notified in writi	lative to the proper and complete the obligation of my position as registered hange in the registered office address, I
Jur	ne 21, 2018
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Douglas A. Wolfe Typed or Printed Name	
* * * FILING FEE: \$35	5.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FŁ 32314 CR2E045 (03/12)