

P14000101308

(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



500275219185

07/24/15--01010--003 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUL 24 PM 12:53

JUL 27 2015  
C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Robert A. Robinson PA

Name of Corporation

**DOCUMENT NUMBER:** P14000101308

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:

Robert Robinson

Name of Contact Person

Robert A. Robinson PA

Firm/Company

2905 NW 130th ave apt #304

Address

Sunrise FL 33323

City/State and Zip Code

robertanthonyrobinson@gmail.com

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

For further information concerning this matter, please call:

Robert Robinson

Name of Contact Person

at ( 954 ) 655-9566

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: Robert A Robinson PA
- 2. The principal office address: 2905 NW 130th Ave apt# 304  
Sunrise FL 33323
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 12/22/2014 Document number: p14000101308

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)

Robert A Robinson Jr  
7736 Balboa St  
Sunrise FL 33351

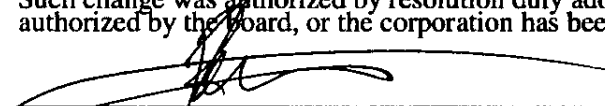
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert A Robinson Jr  
2905 NW 130th ave Apt # 304  
P.O. Box NOT acceptable  
Sunrise FL 33351

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUL 24 PM 12: 53

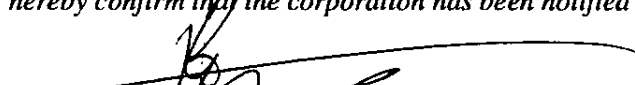
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Robert Robinson 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 of Registered Agent

7-20-15  
\_\_\_\_\_  
Date

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

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