P15000000522

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Erin Duke-Warren, PA
Name of Corporation
DOCUMENT NUMBER: P15000000522

DOCUMENT NUMBER: 1 1 3 0 0 0 0 0 3 2 2 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:

Erin Duke-Warren

Name of Contact Person

Erin Duke-Warren, PA

Firm/Company

5294 Tall Pines Way

Address

Stuart, FL 34997

City/State and Zip Code

erindw@gmail.com

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

For further information concerning this matter, please call:

Erin Duke-Warren

Name of Contact Person

at (561 818-3746 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

| statement of ch | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida. | |
|--|--|---|
| 1. The name of 2. The principal | the corporation: Erin Duke-Warren, PA d office address: 5294 Tall Pines Way Stuart, FL 34997 | |
| 3. The mailing a | address (if different): | _ |
| 4. Date of incor | rporation/qualification: 1/2/2015 Document number: P15000000522 | _ |
| | ad street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | |
| | Corporation Service Company | |
| | 1201 Hays Street | , |
| | Tallahassee, FL 32301 | |
| 6. The name and (if changed): | ad street address of the new registered agent (if changed) and /or registered office | |
| | Erin Duke-Warren | |
| | 5294 Tall Pines Way | |
| | P.O. Box NOT acceptable Stuart, FL 34997 | |
| The street address changed will | ress of its registered office and the street address of the business office of its registered agent, I be identical. | |
| Such change wa | vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| Eri Du | Le - Warren, Director | |
| I hereby accept I further agree performance of agent. Or. if th | t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. | |
| - | gnature of Registered Agent Date | |
| | ehalf of an entity: DUKE-WARLEN PA | |
| | Typed or Printed Name | |

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