

P1500000 1609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

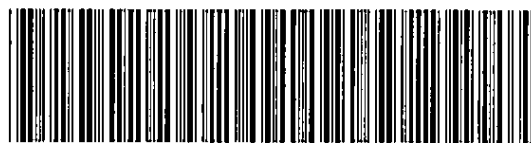
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 23 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Address change for registered agent

Name of Corporation

DOCUMENT NUMBER: P15000001609

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:

Irwin Feldman

Name of Contact Person

13205 NE CORP

Firm/Company

1001 SW 141 AVE SUFFOLK K APT 112

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

PESCOTT967@GMAIL.COM

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

For further information concerning this matter, please call:

STEVEN ROTH

Name of Contact Person

954

239-4545

at

Area Code & Daytime Telephone Number

PAT EGGOTT

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 13205 NE CORP
2. The principal office address 1931 NW 150 AVE SUITE 122 PEMBROKE PINES, FL 33028

3. The mailing address (if different) _____

4. Date of incorporation/qualification: 1/6/2015 Document number: P15000001609

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):

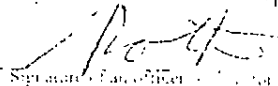
IRWIN FELDMAN
1820 NE 150 STREET
NORTH MIAMI BEACH, FL 33181

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

IRWIN FELDMAN
1001 SW 141 AVE SUFFOLK K APT 112
P.O. Box NOT acceptable
PEMBROKE PINES, FL 33181

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.

 STEVEN M. ROTH
Signature of an officer or agent 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.

 7/5/19
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAILED TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03-17)

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