## P15000014422

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT, John Deal PA

Name of Corporation

DOCUMENT NUMBER: P15000014422

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:

John M. Deal

Name of Contact Person

John Deal PA

Firm/Company

8219 Emerald Winds Circle

Address

Boynton Beach, FL 33473

City/State and Zip Code

jdealrealtor@yahoo.com

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

For further information concerning this matter, please call:

John Deal

,561

601-1335

Name of Contact Person

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 cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Stati norganized under the laws of the State of Flori pregistered agent, or both, in the State of Flori	da	_
	he corporation: John Deal PA		·	
2 The principal	office address: 8219 Emeralc	d Winds Circle		
	Beach, FL 33473			
3. The mailing a	ddress (if different):		<del> </del>	<del>, , , , , , , , , , , , , , , , , , , </del>
4. Date of incorp	poration/qualification: February	12, 2015 Document number: P150000	14422	
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	he	
	Corporation Service Cor	mpany/ Elizabeth A. Smith		
	1201 Hays Street			
	Tallahassee, FL 32301			
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office	15 APR	HUSIAIG TOBE
	John M. Deal		327	25.5
	8219 Emerald Winds Cir	rcle	PM	
P.O. Box NOT acceptable		·	ယ္	
	Boynton Beach, FL 3347	//3	80	7.5 7.1
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its reg	gistered ag	gent,
		dopted by its board of directors or by an officeen notified in writing of the change.	er so	
Joans	Milleal	John M. Deal		
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provisions of a may duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. ill statutes relative to the proper and complet and accept the obligation of my position as a to reflect a change in the registered office aa tified in writing of this change.	registerea	 1
TIM	WIW. Doel	April 22, 2015		
Sign	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
John M. De				
T	ped or Printed Name			

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