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(((H24000091896 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

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Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

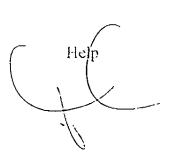
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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H24000091896 3

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: STEVEN L. LUBELL, P.A. Name of Corporation DOCUMENT NUMBER: P15000016855 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: Jackie DeFilippis Name of Contact Person InCorp Services, Inc. Firm/Company 3773 Howard Hughes Pkwy. - Suite 500S Address Las Vegas, NV 89169-6014 City/State and Zip Code ManagedReports@Incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jackie DeFilippis on behalf of InCorp Services, Inc. at 800-246-2677 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

H24000091896 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flow change is submitted for a corporation organized under the laws of the Stat	
	der to change its registered office or registered agent, or both, in the State	
I. The name of	f the corporation: STEVEN L. LUBELL, P.A.	
	al office address: 200 SOUTH ANDREWS AVE, SUITE 900, Fort I	_auderdale, FL 33301
3. The mailing a	address (if different):	
4. Date of incom	rporation/qualification: 02/19/2015 Document number:	P15000016855
	nd street address of the current registered agent and registered office on fi artment of State: (If resigned, enter resigned)	
	LUBELL, STEVEN L	2024 Si
	200 South Andrews Ave 900	2024 MAR
	Fort Lauderdale, FL 33301	AHA:
5. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registere	ad office F. F. S. F. F. S. F.
	InCorp Services, Inc.	· Ξ •
	3458 Lakeshore Drive	
	P.O. Box NOT acceptable	
	Tallahassee, FL 32312	
_	ress of its registered office and the street address of the business office il be identical. vas authorized by resolution duly adopted by its board of directors or be the poard or the corporation has been notified in writing of the change	
	Steven Lubeil, President	
hereby accept further agree to	Printed or typed harne It 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 ind I am familiar with and accept the obligation of my position as regis ing filed merely to reflect a change in the registered office address, I have	complete performance
CILD	02/09/20	23
Zigr	grature of Registered Agent Date	
f signing on bel	ehalf of an entity:	
Louise Breytenbac	ach on behalf of InCorp Services, Inc.	
Ту	Typed or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)