## P15000021239

(Re	equestor's Name)			
(Ac	ldress)	<del></del>		
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(Ci	ty/State/Zip/Phon	e #)		
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JUL 17 S. PRATHER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
SUBJECT: MCCAIN LAW, P.A.			
Name of Corporation			
DOCUMENT NUMBER: P15000021239			
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Joseph F. Southron, Esq.			
Name of Contact Person	<del></del>		
Four Rivers Law Firm, P.A.			
Firm/Company			
400 N Ashley Dr. Suite 1720			
Address			
Tampa, FL 33602			
City/State and Zip Code	<del></del>		
eservice@fourriverslaw.com			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter, pleas	e cail:		
Joseph F. Southron	at (813 ) 773-5105  Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Dep	artment of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of che	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Status organized under the laws of the State of <mark>Florid</mark> registered agent, or both, in the State of Florid	<u>la</u>	
1. The name of	the corporation: MCCAIN LAW, P.A	١.		
2. The principal	office address: 2511 S. Ysabella Ave	. TAMPA, FL 33629		
3. The mailing a	address (if different): Same as office :	address.		
4. Date of incor	poration/qualification: 03/04/2015	address.  Document number: P15000021239	)	
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	e	
	Carter McCain			
	2511 S. Ysabella Ave, Tampa, FL 33629			2024
6. The name and street address of the new registered age (if changed):  Four Rivers Law Firm, P.A.		d agent (if changed) and /or registered office		2024 JUL 17 PK 6: 1
	400 N Ashley Dr Suite 1720, Tampa.	. FL 33602	~	ᅜ
	P	O. Box NOT acceptable		
The street addr	ess of its registered office and the s be identical.	street address of the business office of its reg	istered	agent,
Such change wauthorized by t	as authorized by resolution duly ad ne board, or the corporation has been	lopted by its board of directors or by an officen notified in writing of the change.	er so	
$\times$ $\mathcal{C}_{\mathbf{A}}$	To B M Garage	Carter McCain		
I hereby accept I further agree of my duties, at document is be	the appointment as registered age to comply with the provisions of al.	Printed or typed name and title ont and agree to act in this capacity. I statutes relative to the proper and complete obligation of my position as registered ago in the registered office address, I hereby coange.	e perfor mt. Or nfirm th	mane if thi, iat the
Oose	oh F. Southron	June 6, 2024		
J SA	oh F. Southron nature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
Joseph F. South	<del></del>			
•	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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