P1500003aa37

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

Office Use Only



800276590798

09/04/15--01017--015 **35.00

15 SEP -4 PH 3: 30

Ra chang

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. CANAN OZAKTAY, P.A.

Name of Corporation

DOCUMENT NUMBER: P15000032237

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:

A. ANDREW OBEIDY

Name of Contact Person

OBEIDY & ASSOCIATES, PA

Firm/Company

200 S. ANDREWS AVE., STE. 100

Address

FT. LAUDERDALE, FL 33301

City/State and Zip Code

ANDREW@OBDLEGAL.COM

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

For further information concerning this matter, please call:

A. ANDREW OBEIDY

305 \ 892-5454

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

CR2E045 (03/12)

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

	-	7.0502, 607.1508, or 617.1508, Florida Statute Organized under the laws of the State of FLOR	-
		egistered agent, or both, in the State of Florida	
1. The name of	the corporation: CANAN OZAK	TAY, P.A.	
		RRY CT., BOCA RATON, FL 334	98
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 04/08/201	Document number: P1500003	2237
	d street address of the current registe artment of State: (If resigned, enter re-	red agent and registered office on file with the signed)	;
	ANDREW OBEIDY		
	12000 BISCAYNE BLVD.	, STE. 503	
	MIAMI, FL 33181		
6. The name and (if changed):	•	agent (if changed) and /or registered office	
	ANDREW OBEIDY		
	200 S. ANDREWS AVE.,	STE. 100	
		NOT acceptable	
	FT. LAUDERDALE, FL 33	3301	15 ¢
The street address changed will	ess of its registered office and the st I be identical.	reet address of the business office of its regis	stered ageful
Such change wa authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an office in notified in writing of the change.	r \$6 % F
Signatu	ure of sheafficer or director	CANAO OZAKTAS Printed or typed name and title	<u>"bôezűbevőt</u>
i further agree i performance of	' my duties, and I am familiar with a	nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as re reflect a change in the registered office additionally. The in writing of this change.	egistered ress, I
- Fig	nature of Registered Agent	08/04/2015	
_	chalf of an entity:	v	
T:	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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