## P150004519

(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: P 15000 44519

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:

Name of Contact Person

Pirm/Company

3330 Weston Boad.

Address

Weston Fl. 33326

City/State and Zip Code

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

For further information concerning this matter, please call:

Sandra L. Ewing PA at 954 295-9468
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



January 19, 2016

SANDRA L. EWING, PA 2330 WESTON ROAD WESTON, FL 33326

SUBJECT: SANDRA L. EWING, PA

Ref. Number: P15000044519

We have received your document for SANDRA L. EWING, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 016A00001160



December 3, 2015

SANDRA L. EWING, PA 2330 WESTON ROAD WESTON, FL 33326

SUBJECT: SANDRA L. EWING, PA

Ref. Number: P15000044519

We have received your document for SANDRA L. EWING, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 115A00025363



## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sandra L. Ewing PA
2. The principal office address: 2330 Weston Rd.
Weston FL 33326
3. The mailing address (if different):
4. Date of incorporation/qualification: May 18, 2015 Document number: P150000 44519
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)
Corporation Service Company
1201 Hays Street
Jalahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  Selinger Insurance Services, Inc.
Delinger Insurance Services, Inc. 12555 Orange Drive Suite 235
Davie FL 33330
The street address of its registered office and the street address of the business office of its registered agents 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.
Sandra L. Ewing President
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 of poration has been notified in writing of this change.
Signature (Registered Agent 2/1/16
If signing on behalf of an entity:
WILCIAM S SECLAGER Typed or Printed Name

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