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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

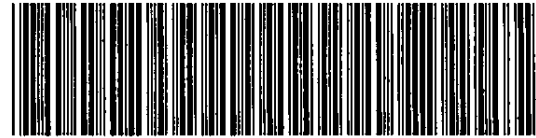
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke with MS. Nichols on  
4/24/18 to approve to correct  
Registered Agent name &  
title.

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Office Use Only



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S TALLENT

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18 APR 24 PM 1:56  
CIVIL DIVISION

R/A-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2018

SARA ANTHA NICHOLS PA  
2637 OKEECHOBEE LANE  
FORT LAUDERDALE, FL 33312

SUBJECT: SARA ANTHA NICHOLS, PA  
Ref. Number: P15000048317

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 718A00007600

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SARA ANTHA NICHOLS PA  
Name of Corporation

**DOCUMENT NUMBER:** P15000048317

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:

SARA ANTHA NICHOLS PA  
Name of Contact Person

Firm/Company

2637 OKEECHOBEE LANE  
Address

FORT LAUDERDALE FL 33312  
City/State and Zip Code

saranichols321@YAHOO.COM ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARA NICHOLS at (954) 854-5424  
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**

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SARA ANTHA NICHOLS PA
2. The principal office address: 2637 OKEECHOBEE LANE  
FORT LAUDERDALE FL 33312
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: JUNE 1, 2015 Document number: P15000048317
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)

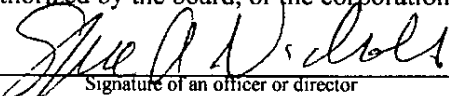
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SARA NICHOLS  
2637 OKEECHOBEE LANE  
P.O. Box NOT acceptable  
FORT LAUDERDALE, FL 33312


The street address of its registered office and the street address of the business office of its registered agent, 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.

  
Signature of an officer or director

SARA A NICHOLS, P  
Printed or typed name and title

*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 corporation has been notified in writing of this change.*

  
Signature of Registered Agent

April 9, 2018  
Date

If signing on behalf of an entity:

SARA A NICHOLS  
Typed or Printed Name

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

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