

P150 000053246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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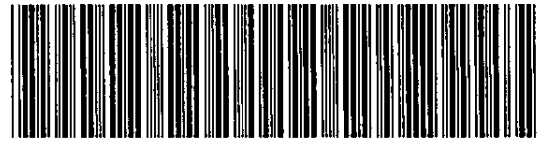
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 02 2017  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Richard S. Lubliner, P.A.

Name of Corporation

**DOCUMENT NUMBER:** P15000053246

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:

**Richard S. Lubliner**

Name of Contact Person

Firm/Company

**1645 Palm Beach Lakes Blvd. Suite 1200**

Address

**West Palm Beach, FL 33401**

City/State and Zip Code

**rich@lubliner-law.com**

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

For further information concerning this matter, please call:

**Richard S. Lubliner**

Name of Contact Person

at **(786) 566-2364**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2017

RICHARD S. LUBLINER  
1645 PALM BEACH LAKES BLVD  
STE. 1200  
WEST PALM BEACH, FL 33401

SUBJECT: RICHARD S. LUBLINER, P.A.  
Ref. Number: P15000053246

We have received your document for RICHARD S. LUBLINER, P.A. 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 document must have original signatures.

You failed to sign the 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: 917A00018966

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17 OCT -2 PM 2:29  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Richard S. Lubliner P.A.
2. The principal office address: 1645 Palm Beach Lakes Blvd. Suite 1200, West Palm Beach, FL 33401
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/07/2015 Document number: P15000053246
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)

Richard S. Lubliner

1655 Palm Beach Lakes Blvd. Suite 800

West Palm Beach, FL 33401

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

Richard S. Lubliner

1645 Palm Beach Lakes Blvd. Suite 1200

P.O. Box NOT acceptable

West Palm Beach , FL 33401

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TALLAHASSEE, FL 32314  
SECRETARY OF STATE

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

Richard Lubliner / President  
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

9/15/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)