

P1500005395/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

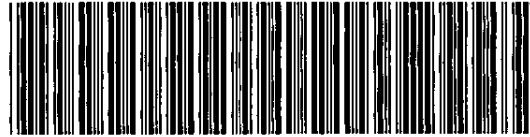
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

DEC 15 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2015

BASIL THOMAS / BASIL THOMAS PA
7246 DAVIT CIRCLE
LAKE WORTH, FL 33467 US

SUBJECT: BASIL THOMAS, PA
Ref. Number: P15000053951

We have received your document for BASIL THOMAS, 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 form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 115A00025243

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BASIL THOMAS, PA
Name of Corporation

DOCUMENT NUMBER: P15000053951

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:

BASIL THOMAS
Name of Contact Person

Basil Thomas, PA
Firm/Company

7246 Davie Circle
Address

Lake worth, FL - 33467
City/State and Zip Code

basilthoma@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BASIL THOMAS at (561) 312-1391
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BASIL THOMAS, P.A.
2. The principal office address: 7246 Davit Circle
Lake Worth, FL-33467
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/19/2015 Document number: P15000053951

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

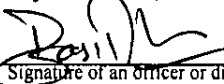
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BASIL THOMAS
7246 Davit Circle
P.O. Box NOT acceptable
Lake Worth, FL-33467

15 DEC 11 PM 2:16
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

BASIL THOMAS - 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

12/08/2015
Date

If signing on behalf of an entity:

BASIL THOMAS
Typed or Printed Name

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