

P15000073804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

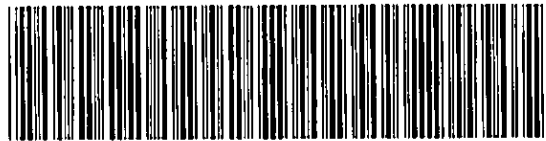
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900321071219

11/26/18--01006--011 **35.00

FILED
2019 DEC 14 A 3:17
MILLWAUKEE, WI

DEC 17 2018
T. LEMIEUX

20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael P. McCahill, PA
Name of Corporation

DOCUMENT NUMBER: P15000073804

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:

Michael P. McCahill

Name of Contact Person

Michael P. McCahill, PA

Firm/Company

300 S. Pine Island Rd., Suite 241

Address

Plantation, FL 33324

City/State and Zip Code

michael@mccahill.legal

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

For further information concerning this matter, please call:

Michael P. McCahill at (954) 998-0752
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2018

MICHAEL P MCCAHERILL
300 S PINE ISLAND RD STE 241
PLANTATION, FL 33324

SUBJECT: MICHAEL P. MCCAHERILL, P.A.
Ref. Number: P15000073804

We have received your document for MICHAEL P. MCCAHERILL, 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):

Michael P McCahill must sign the document for the officer/director signature.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 718A00024826

RECEIVED

2018 DEC 14 AM 11:19

CLERK
LAHAG

**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: Michael P. McCahill, PA
2. The principal office address: 300 S. Pine Island Rd., Suite 241,
Plantation, FL 33324
3. The mailing address (if different): 300 S. Pine Island Rd., Suite 241,
Plantation, FL 33324
4. Date of incorporation/qualification: 9/2/2015 Document number: P15000073804
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)

Michael P. McCahill

9987 NW 6th Ct.

Plantation, FL 33324

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

Michael P. McCahill

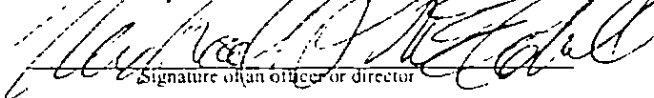
300 S. Pine Island Rd., Suite 241

P.O. Box NOT acceptable

Plantation, FL 33324

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.

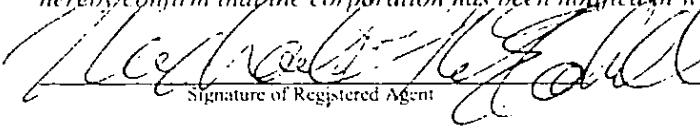


Signature of an officer or director

Michael P. McCahill

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

12/11/18
Date

If signing on behalf of an entity:

Michael P. McCahill

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