

P15000084659

(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



300288378283

300288378283
08/02/16--01005--015 **35.00

2016 AUG -1 A 11:46
SECRETARY OF STATE
TREASURY

FILED

PAO

AUG 10 2016

T. LEMMEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael A. Cosentino, PA
Name of Corporation

DOCUMENT NUMBER: P15000084659

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 A. Cosentino
Name of Contact Person

Michael A. Cosentino, PA
Firm/Company

13990 BARTRAM PARK BLVD
Address

Jacksonville, FL 32258
City/State and Zip Code

Michael2833@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Cosentino at (772) 408-3090
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: Michael A. Cosentino, P.A.
2. The principal office address: 13990 BA. TRAM PARK BLVD.
Jacksonville, FL 32258
3. The mailing address (if different): _____
4. Date of incorporation/qualification: OCT. 2015 Document number: P15000084659
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 ST.
TALLAHASSEE, FL 32301

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

Joe Edge
The TAX SHOPPE
932 SW BAYSHORE BLVD.
P.O. Box NOT acceptable
PORT ST. LUCIE, FL 34983

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.

Michael A. Cosentino
Signature of an officer or director

Michael A. Cosentino, P.A. 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.

Joseph J. Edge
Signature of Registered Agent

July 27, 2016
Date

If signing on behalf of an entity:

Joseph J. Edge
Typed or Printed Name

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