

P15000084689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

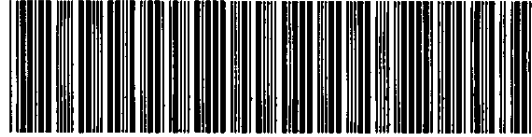
(Business Entity Name)

(Document Number)

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RA
Change

05/11/16--01004--001 **10.00

04/22/16--01010--018 **25.00

FILED
16 MAY 10 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016
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✓ 00789, 06342, 00721, 00672



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2016

Thomas A. Werstlein
Thomas A. Werstlein , PA
504 SW Halibut Ave
Port Saint Lucie, FL 34953

SUBJECT: THOMAS ALBERT WERSTLEIN, PA
Ref. Number: P15000084689

We have received your document for THOMAS ALBERT WERSTLEIN, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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

Annette Ramsey
Regulatory Specialist II

Letter Number: 116A00008564

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thomas Albert Werstein, PA
Name of Corporation

DOCUMENT NUMBER: P15000084689

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:

Thomas A. Werstein
Name of Contact Person

Thomas Albert Werstein, PA
Firm/Company

504 SW Halibut Ave
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas A. Werstein at (772) 919 1400
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: Thomas Albert Werstein, PA
2. The principal office address: 504 SW Halibut Ave
Port Saint Lucie, Florida 34953
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/14/2015 Document number: P15000084689

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 Hayes Street
Tallahassee, FL 32301

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

Thomas A. Werstein
504 SW Halibut Ave
P.O. Box NOT acceptable
Port Saint Lucie, FL 34953

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TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

Thomas A. Werstein, President/CEO
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]
Signature of Registered Agent

4 May 2016
Date

If signing on behalf of an entity:

Typed or Printed Name

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