

PI5 000094925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

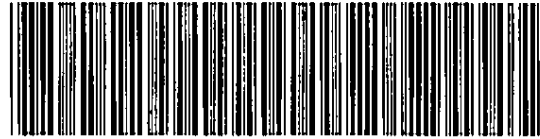
(Document Number)

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05/09/22--01024--025 **35.00

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2022 MAY -9 AM 10:10

A. RAMSEY

SEP - 2 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2022

CHELSEY DIXON
CHELSEY NICOLE DIXON, PA
2875 NE 191 ST, SUITE 200
MIAMI, FL 33180

SUBJECT: CHELSEY NICOLE DIXON, PA
Ref. Number: P15000094925

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

JEARLD H QUICK
Document Specialist

Letter Number: 022A00015453

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHELSEY NICOLE DIXON, PA
Name of Corporation

DOCUMENT NUMBER: P15000094925

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:

CHELSEY DIXON

Name of Contact Person

CHELSEY NICOLE DIXON, PA

Firm/Company

2875 NE 191 ST.SUITE 200

Address

MIAMI, FL 33180 US

City/State and Zip Code

CHELSEYLUXREALTY@GMAIL.COM

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

For further information concerning this matter, please call:

CHELSEY DIXON

Name of Contact Person

at (954

) 665-9995

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: CHELSEY NICOLE DIXON, PA
2. The principal office address: 2875 NE 191 ST.SUITE 200 MIAMI, FL 33180 US
3. The mailing address (if different): 1906 NW 137 TERRACE PEMBROKE PINES FL 33028
4. Date of incorporation/qualification: 11/20/2015 Document number: P15000094925
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):

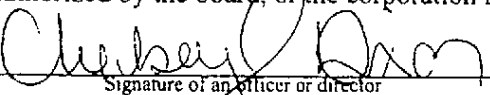
CHELSEY NICOLE DIXON

2875 NE 191 ST.SUITE 200 MIAMI, FL 33180 US

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

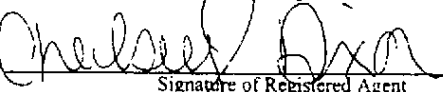
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

CHELSEY DIXON

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

5/2/2022

Date

If signing on behalf of an entity:

CHELSEY DIXON

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 (0-4/13)

FILED
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS