

PI6000015436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
2016 SEP 12 PM 2:09

SEP 20 2016
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAJA McBRIDE P.A.
Name of Corporation

DOCUMENT NUMBER: P16000015436

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:

MAJA McBRIDE
Name of Contact Person

MAJA McBRIDE P.A.
Firm/Company

20796 CABRILLO WAY
Address

BOCA RATON, FL 33428
City/State and Zip Code

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

For further information concerning this matter, please call:

MAJA McBRIDE at (561) 9908202
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: MAJA McBRIDE P.A.
2. The principal office address: 20796 CABRILLO WAY,
BOCA RATON, FL 33428
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/16/16 Document number: P16000015436
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):

MAJA McBRIDE
20796 CABRILLO WAY
P.O. Box NOT acceptable
BOCA RATON, FL 33428

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.

Maja McBride
Signature of an officer or director

MAJA McBRIDE
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.

Maja McBride
Signature of Registered Agent

9/8/16
Date

If signing on behalf of an entity:

MAJA McBRIDE
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

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DIVISION OF CORPORATIONS
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