

FILE 0000035982

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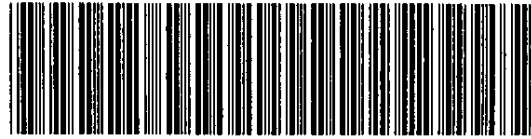
(Business Entity Name)

(Document Number)

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JUN 23 2017

S. PRATHER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Mace Firm, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P16000035982

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:

Nicole Mace

Name of Contact Person

The Mace Firm, P.A.

Firm/Company

319 Clematis Street Suite 207

Address

West Palm Beach, FL 33401

City/State and Zip Code

nicolemace3@gmail.com

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

For further information concerning this matter, please call:

Nicole Mace

Name of Contact Person

at ( 561 ) 758-5407

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: The Mace Firm, P.A.
2. The principal office address: 319 Clematis Street Suite 207  
West Palm Beach, FL 33401
3. The mailing address (if different): same
4. Date of incorporation/qualification: 4/20/2016 Document number: P1600003582

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)

Jeffrey S. Altman (resigned)

10800 Biscayne Blvd. Suite 700

Miami, FL 33161

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

Nicole Elizabeth Mace

319 Clematis Street Suite 207

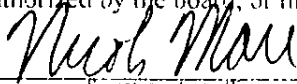
F.O. Box NOT acceptable

West Palm Beach, FL 33401

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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.

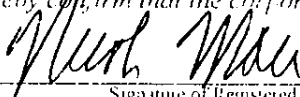


Signature of an officer or director

Nicole E Mace, PDS

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

6/20/2017

Date

If signing on behalf of an entity:

Nicole E. Mace

Typed or Printed Name

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