

P16000047366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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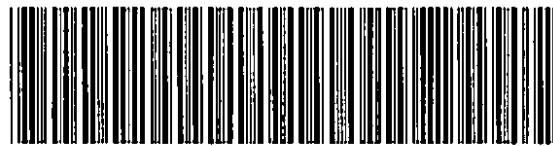
(Business Entity Name)

(Document Number)

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JAN 28 2021  
ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: JOHN RIZVI, P.A.

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: P16000047366

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:

JOHN RIZVI

Name of Contact Person

JOHN RIZVI PA

Firm/Company

10394 W. SAMPLE ROAD, SUITE 201

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

JOHN@THEPATENTPROFESSOR.COM

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

For further information concerning this matter, please call:

JOHN RIZVI \_\_\_\_\_ at (954) 905-2245  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2021-01-13 10:45:45  
**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

January 13, 2021

JOHN RIZVI  
10394 W. SAMPLE ROAD  
STE. 201  
CORAL SPRINGS, FL 33065

SUBJECT: JOHN RIZVI, P.A.  
Ref. Number: P16000047366

We have received your document for JOHN RIZVI, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please sign in the space provided for the acceptance of registered agent.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 421A00000766

**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: JOHN RIZVI PA

2. The principal office address: 10394 W. SAMPLE ROAD, STE 201, CORAL SPRINGS, FL 33065

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/27/2016 Document number: P16000047366

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)

KATIE BROCK

10394 W SAMPLE ROAD, SUITE 201

CORAL SPRINGS, FL 33076

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

JOHN RIZVI

10394 W SAMPLE ROAD, SUITE 201

P O Box NOT acceptable

CORAL SPRINGS, FL 33076

~~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 of the School

PAPERS OF THE FEDERAL BUREAU OF INVESTIGATION

*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

January 19, 2021

If signing on behalf of an entity:

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 (04/13)