

P16000047394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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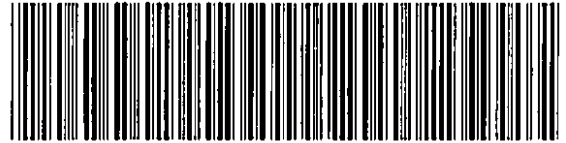
(Business Entity Name)

(Document Number)

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SEP 4 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERSONAL INJURY LAW OFFICE OF CHELSIE M. LAMIE, P.A.
Name of Corporation

DOCUMENT NUMBER: P16000047394

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 Craig

Name of Contact Person

PERSONAL INJURY LAW OFFICE OF CHELSIE M. LAMIE, P.A.

Firm/Company

PO Box 262319

Address

Tampa, Florida 33685

City/State and Zip Code

nicole@chelsielamie.com

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

For further information concerning this matter, please call:

Nicole Craig

Name of Contact Person

at (727)

501-3464

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: PERSONAL INJURY LAW OFFICE OF CHELSIE M. LAMIE, P.A.
2. The principal office address: 3207 W. River Cove Drive, Tampa, FL 33614
3. The mailing address (if different): PO Box 262319, Tampa, FL 33685
4. Date of incorporation/qualification: 06/01/2016 Document number: P16000047394
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)

Chelsie M. Lamie

1875 McCauley Road

Clearwater, FL 33765

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

Chelsie M. Lamie

3207 W. River Cove Drive

P.O. Box NOT acceptable

Tampa, FL 33614

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.

Chelsie M. Lamie
Signature of an officer or director

Chelsie M. Lamie President
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.

Chelsie M. Lamie
Signature of Registered Agent

8/15/2023

Date

If signing on behalf of an entity:

PERSONAL INJURY LAW OFFICE OF CHELSIE

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)