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	(Business Entity Name)	
	(Document Number)	
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TO: Amendment Section Division of Corporations

SUBJECT: CHERRY LAW P.A.

Name of Corporation

DOCUMENT NUMBER: P16000051700

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:

Joseph F Martinez

Name of Contact Person

CHERRY LAW P.A.

Firm/Company

1211 N. Westshore Blvd., Suite 314

Address

TAMPA, FL 33607

City/State and Zip Code

jmartinez@mlaw.us

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

For further information concerning this matter, please call:

Joseph Martinez

Name of Contact Person

Name of Contact Person

at (813) 288-1529

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes. this inge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
The name of the control of the principal of the principal of the control of	he corporation: CHERRY LAW P.A. office address: 1211 N. Westshore Blvd., Suite 314, Tampa, FL 33607
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 06/10/2016 Document number: P16000051700
5. The name and Florida Depart	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Joseph F Martinez
	4100 W. Kennedy Blvd., Suite 200, Tampa, FL 33609
(if changed):	Joseph F Martinez Joseph F Martinez
·	1211 N. Westshore Blvd., Suite 314, Tampa, FL 33607 P.O. Box NOT acceptable
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
	Joseph F Martinez, Treasurer Printed or typed name and title
I hereby accept I further agree to performance of agent Or if the	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	Joseph F Martinez
Sig	nature of Registered Agent Date
If signing on be	chalf of an entity:
т	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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