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SECRETARY OF STATE

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Florida Litigation Group, P.A.					
Name of Corporation					
DOCUMENT NUMBER: P16000055218					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:				
Inger M. Garcia, Esq.					
Name of Contact Person					
Florida litigation Group, P.A.					
Firm/Company					
4839 Volunteer Road, #514					
Address					
Davie, FL 33330					
City/State and Zip Code					
attorney@floridalitgroup.com					
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please	call:				
Inger M Garcia, Esq.	at (954)394-7461 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Depart	tment of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation o	7,0502, 607,1508, or 617,1508, Florida Sta organized under the laws of the State of <mark>Flo</mark> registered agent, or both, in the State of Flo	orida	
1. The name of :	the corporation: Florida Litigation G	Group, P.,A.		
2. The principal	office address: 4839 Volunteer Roa	ad; #514, Davie, FL 33330		
3. The mailing a	address (if different): same			
4. Date of incor	poration/qualification: 6/6/2016	Document number: P16000055218		
	l street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file with esigned)	the	
	Inger Garcia			
	4400 N Federal Highway; Suite 1		S 2	
	Lighthouse Point, FL 33064	TALI	ZOIP DEC 12	
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered offic	CI2 PM	
	Inger M. Garcia, Esq.		္ကို တို့ 🖸	
	4839 Volunteer Road, #514	: أختم 1	3 6	
	Davie, FL 33330	P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its	registered agent,	
Such change wauthorized by t	as authorized by resolution duly ac he board, or the corporation has be	lopted by its board of directors or by an often notified in writing of the change.	fficer so	
_ Jan		Inger M. Garcia, Esq.		
I hereby accept I further agree of my duties, ar document is be	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	Printed or typed name and title ent and agree to act in this capacity. It statutes relative to the proper and compare obligation of my position as registered of in the registered office address. I hereby hange.		
Taran	<u> </u>	12/4/2019		
N. Jane	enature of Registered Agent	Date		
Inger M. Garcia	-			
	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 * * *