

P16000 064 357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

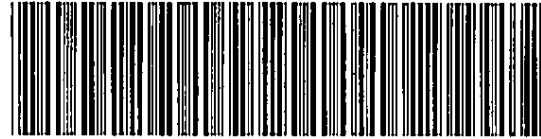
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MATTHEW A KARP PA

Name of Corporation

DOCUMENT NUMBER: P16000064357

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:

Matthew Karp

Name of Contact Person

MATTHEW A KARP PA

Firm/Company

6900 Bird Rd, P.O. Box 557908

Address

Miami, Florida 33255-7908

City/State and Zip Code

mkarplegal@gmail.com

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

For further information concerning this matter, please call:

Matthew Karp

Name of Contact Person

at (954) 288-8825

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: MATTHEW A KARP PA
2. The principal office address: 6900 Bird Rd, P.O. Box 557908 Miami, FL 33255

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/2/2016 Document number: P16000064357

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)

Matthew Karp
255 Alhambra Cir. Suite 700
Miami, FL 33134

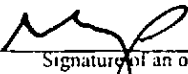
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Seth Cohen
999 Ponce de Leon Blvd Suite 600, Coral Gables, FL 33134
P.O. Box NOT acceptable

2019 JUN -8 PM 12:09

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

Matthew Karp
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, hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

Michael Seth Cohen
Date

If signing on behalf of an entity:

Typed or Printed Name

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