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| (Request | or's Name) | |
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| PICK-UP | W AIT | MAIL |
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| Certified Copies | Certificates of | Status |
| Special Instructions to Filing Officer: | | į į |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE STORAY ADVOCACY, GROUP, P.A.

Name of Corporation

P16000096900

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:

Shamika T. Askew-Storay, Esquire

Name of Contact Person

The Storay Advocacy Group, P.A.

Firm/Company

330 Pauls Drive, Suite 100-9

Address

Brandon, Florida 33511

City/State and Zip Code

s.storay@saglawoffice.com

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

For further information concerning this matter, please call:

Shamika T. Askew Storay at (813) 315-0057

Name of Contact Person Area Code & Daytime Telephone Number

M SER MOST

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 statement of cha | provisions of sections | 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Florida |
|------------------------------------|--|--|
| in orde | r to change its registe | red office or registered agent, or both, in the State of Florida. |
| | | STORAY ADVOCACY GROUP, P.A. |
| | | PAULS DRIVE, SUITE 100-9, BRANDON, FL 33511 |
| | Wille address. | |
| 3. The mailing a | address (if different): | |
| 4. Date of incor | poration/qualification; | December 7, 2016 Document number: P16000096900 |
| 5. The name and Florida Depart | d street address of the rtment of State: (If res | |
| | Shamika T. As | kew-Storay |
| | 2904 Wildtree | Drive, #304 |
| | Riverview, Flor | ida 33578 |
| 6. The name and (if changed): | I street address of the i | ida 33578 iew registered agent (if changed) and /or registered office |
| | Shamika T. As | kew-Storay |
| • | 330 Pauls Drive | e, Suite 100-9 |
| | Brandon, Florid | P.O. Box. NOT acceptable |
| | ess of its registered of be identical. | fice and the street address of the business office of its registered agent. |
| Such change wa authorized by th | is authorized by resolute board, or the corpor | tion duly adopted by its board of directors or by an officer so attorn has been notified in writing of the change. |
| Junit | re of an ortice of affector | Shamika T. Askew-Storay, P |
| agent. Or. if the | is document is being f | gistered agent and agree to act in this capacity, which are specified agent and agree to act in this capacity, which are statutes relative to the proper and complete inilitar with and accept the obligation of my position as registered iled merely to reflect a change in the registered office address. I also been notified in writing of this change. |
| hamil | L ZABAS | 08/30/2017 |
| • | nature of RegMered Agent | Date |
| Ту | ped 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 (03/12)