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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE M DOWLING, P.A.

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A. BUTLER

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Help

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

statement of cha	unge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of
1. The name of	the corporation: M Dowling, P.	A.
2. The principal	office address:	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 04/07/17	Document number: P17000032235
	d street address of the current regirtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	DOWLING, MARIE	
	4218 SHADOW LN	
	NICEVILLE, FL 32578	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office
	Northwest Registered	Agent LLC ST 202
	7901 4th St N STE 30	Agent LLC P.O. Box NOT acceptable O2 P.O. Box NOT acceptable O2
		P.O. Box NOT acceptable
	St. Petersburg FL 337	<u> </u>
as changed will	l be identical.	e street address of the business office of its registered agent.
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an officer so coeen notified in writing of the change.
000	rie Dowling	Marie Dowling, Director
		Printed or typed name and title
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered a to comply with the provisions of to I am familiar with and accept ing filed merely to reflect a changs been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Signature of Registered Agent		8/1/22
		Date
	chalf of an entity:	
Tom Glove		_
Т	'yped or Printed Name	

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